May 2013

Gay Men and the Intentional Pursuit of HIV

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GAY MEN AND THE INTENTIONAL PURSUIT OF HIV

by

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A Dissertation Submitted in

Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

in Nursing

at

The University of Wisconsin-Milwaukee

May 2013

ABSTRACT

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Under the Supervision of Dr. Patricia E. Stevens

Hidden deep within the gay male underground lives a small population of gay men who imagined the intentional pursuit of HIV as a means to some end. In terms of nursing care for such marginalized pockets of gay men, most nurses are unaware of their existence or lack sufficient knowledge and compassion to care for this population. *Bug chaser* is a metaphor used to describe the gay men who intentionally sought the bug—HIV infection. Essential to caring for these men is first discovering them, and then understanding them.

The purpose of this narrative study was to understand the life experiences of gay men who intentionally sought or seek to become infected with HIV. Using queer theory as its framework, the study was constructed from two research questions: 1) What are the life-stories of gay men who seek HIV infection? 2) How do these life-stories describe and give meaning to sexuality and HIV? In this qualitative study, 18 adult gay men were interviewed three times over a period of three months. Chain referral sampling wherein initial participants spread word of the study in their associate networks limited racial diversity; 15 men self-identified as African American, one as "other" (i.e., Italian and African American), one as Latino, and one as Caucasian. Their ages ranged from 33 years to 61 years (M=48). Most considered themselves Christians (n=13).

Socioeconomically, 10 of the men lived in poverty. Sixteen were HIV positive; two were pursuing HIV. Most (*n*=16) secured health care through one of the Medicare or Medicaid products. Through semi-structured interviews and narrative analyses, their life stories portray who these men were and why they imagined HIV to be a fitting means to an end. Results illustrate that the intentional pursuit of HIV was well thought out and strategically planned, and aligned with lifetime struggles, for example, difficulty accepting one's gay identity. Narrative life patterns that culminated in purposeful pursuit of HIV included addictions, wanting to connect to an HIV positive lover, childhood abuses, secrets, punishment for wrongdoings, and, in one case, HIV as an imagined progression for gay men.

Major Professor Date

Acknowledgements

My heartfelt thanks to my major professor, Dr. Patricia E. Stevens. As she knows without her help, writing this dissertation was literally *impossible.* Finally, after five years I did it – I said more with less. To my committee Barbara Daley, Aaron Buseh, Christine Kovach, and Sarah Morgan, they too have contributed insightfully and expertly, and I am indebted. Any mistakes herein, are mine and mine alone.

To my editor Maria Pownall, for seeing this through from my comprehensive exams until now. Your investment seems as hardy as my own. More importantly, you steered this through some difficult times, at the oddest hours of the morning. Your faith in this, especially when coming in to a world so different from your own—is perhaps unheard of. You are brilliant. You deserve canonization. Then enter Deanna Laing—the unusually stormy last few months and the race to the finish, I knew you would not miss a period or an oddly placed comma. Thank you for jumping on board at the last minute.

As all those mentioned on this page know, my run-on sentences, my hyperbole, and the many literary messes—each of you helped them go away.

Finally, to the eighteen men who allowed me to fillet their hearts and souls. You were begging to be heard. The deeply moving and emotionally powerful stories that you so unselfishly shared, I could not personally imagine—it is quite possible that from each of you, I have learned the most.

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Chapter 1: Background and Significance

Problem Addressed in this Study

June 5, 2012, marked the 31st anniversary of the first article about the human immunodeficiency virus (HIV) in the medical literature (Gottlieb, 1981). On that day, Dr. Michael Gottlieb and a team of scientists from the University of California at Los Angeles reported in *Morbidity and Mortality Weekly Report* the first known case of *Pneumocystis carinii* pneumonia (PCP) in previously healthy young gay men (Gottlieb, 1981). This report characterized PCP as a rare opportunistic infection often found in patients with a compromised immune system. That same year, in 1981, eight young gay men in New York City received the diagnosis of Kaposi's sarcoma (KS) cancer, a disease as rare as PCP, especially in young people (Hymes et al., 1981). Unexplained illness and death were suddenly infiltrating the gay community; yet not until 2 years later, in 1983, was HIV isolated from a patient and shown to be the causative agent of acquired immunodeficiency syndrome (AIDS) (Barré-Sinoussi et al., 1983).

Over the past 31 years, HIV has transformed from a rare, obscure, and unexplainable disease into a universally known and successfully managed disease. The time has passed when gay men died at alarming rates due to HIV. The fear and mystery surrounding what was initially called the "gay plague" (Greene, 2007, p. S94) have given way to significant advances in the identification, treatment, and prevention of the disease. Remarkably, a cure has recently been reported—although seen only in a single case; Dieffenbach and Fauci (2011) documented an HIV-infected man who experienced a cure after receiving a stem cell transplant to treat complicated leukemia. Arguably, because of

improved medical management of HIV, such as highly active antiretroviral therapy (HAART), an HIV diagnosis is no longer synonymous with certain death, as it first was in 1983. The combined contributions of pharmaceutical discoveries, increased medical knowledge of the disease, and greater experience and education for physicians and nurses continue to advance the understanding of HIV. Despite these advancements in the field, however, gaps in knowledge remain about psychosocial factors that affect decision-making by gay men (Dieffenbach & Fauci, 2011).

In the United States, gay and bisexual men, a group referred to as *men who have sex with men (MSM)*, continue to be the population most severely affected by HIV (Centers for Disease Control and Prevention [CDC], 2012; Kilmarx, 2009; Miner, Peterson, Welles, Jacoby, & Rosser, 2009; van Griensven, de Lind van Wijngaarden, Baral, & Grulich, 2009). Although the number and quality of medical advancements in HIV/AIDS have proliferated since 1981, the CDC reported as recently as March 2012 that MSM, regardless of race, still account for the largest number of new HIV cases in the United States (CDC, 2009, 2012).

Currently, entering the fourth decade of the HIV/AIDS pandemic, globally 2.5 million persons are infected with HIV each year (Dieffenbach & Fauci, 2011). In 2009, an estimated 441,669 (56%) persons living with HIV in the United States were MSM; by 2010, an estimated 61% of the new HIV infections in the United States were attributed to MSM. Further, estimates suggest that MSM make up only 2% of the population in the United States, but account for more than 50% of all new HIV infections (CDC, 2012). Research from within the gay community suggested that HIV and AIDS are simply not as

frightening to gay men as they once were (Miner et al., 2009; Rosser et al., 2008). The two main reasons for this decreased fear are the availability of HAART and the perception that HIV/AIDS is a chronic but treatable condition.

In contrast to the aggressive prevention outreach strategies of the early years of HIV, Goh (2008) suggested that complacency within the gay male community about safer sexual practices might be contributing to a second wave of HIV. Importantly, the reality of HIV in today's gay male community is that life with the disease is still fulfilling and vital because the proper treatment can manage the disease, not just for years, but also potentially for decades. Treatment protocols have lifted what was once considered a death sentence, and this reality may be tempering community enthusiasm for risk reduction behaviors.

In three decades, HIV has become embedded in everything meaningful to gay men. The very matrix of the complex world in which gay men live cannot escape some aspect of HIV. Today, however, gay men, who are too young to remember the early years of the "gay plague" (Greene, 2007, p. S94), are only now entering their adult years; they were spared the visible devastation of the early years of HIV/AIDS when treatment options and life-expectancy post-diagnosis were very limited (Merson, 2006). Consequently, these young men have no recall of the visible devastation of illnesses such as KS and of the rapid deaths that followed.

In the first decades of HIV, visible illness, prolonged suffering, and high mortality rates influenced behaviors. According to McKusick, Horstman, and Coates (1985), when gay men could remember the visual image of someone in advanced stages of AIDS, they

were more likely to reduce their number of sexual encounters, especially compared with men who knew someone with AIDS but who did not have images to recall. Gay men old enough to have lived through the early HIV crisis recall how they might have curtailed their behaviors many years ago, but not necessarily now. After a decline in rates of HIV infection in the United States among MSM in the late 1980s through the early 1990s (Koblin et al., 2003), the reemergence in this population might be attributed to "sexual disinhibition" (Jaffe, Valdiserri, & De Cock, 2007, p. 2413) and diminished fears about HIV, especially since the availability of HAART.

An executive summary, presented by Purcell and colleagues (2010), at the March 2010 National Sexually Transmitted Disease (STD) Prevention Conference, revealed that the rate of new HIV diagnosis in the United States among MSM is more than 44 times that of other men. This rate further underscores the significant disparity in HIV among MSM versus that of other men (Fenton, 2011). Furthermore, despite treatment and medical advancements, approximately 6000 MSM with AIDS in the United States died in 2005 (Jaffe et al., 2007) suggesting that infection with HIV and death related to this disease are regaining relevance and silence about this disease is pervasive (Jaffe et al., 2007).

Population of Interest

The wide range of associations among social norms, social environments, and the sexual behaviors that might lead to becoming infected with HIV is not well understood, but the general assumption is that most gay men living with HIV did not intend to become infected. According to Peterson and Bakeman (2006), the term *perceived social*

norms in this context refers to general beliefs about peer acceptance of HIV-risk reduction and prevention, and this term includes perceived normative support for safe sex in the gay population. Gay norms are merely those ideas and actions considered normative amongst a population of gay men. A few reports in the literature suggest that a trend is emerging in which individuals are in fact actually seeking to seroconvert to being HIV positive. Recent research has documented that some HIV infections may have been intentional through various sexual means (Gauthier & Forsyth, 1999; Graydon, 2007; Grov, 2004; Grov & Parsons, 2006; Moskowitz & Roloff, 2007; Reynolds, 2007; Tewksbury, 2003). As an early report in the literature convincingly noted, "One thing is certain: The response to AIDS, as already can be seen, will not be determined strictly by its biological character; rather, it will be deeply influenced by our social and cultural understanding of disease and its victims" (Brandt, 1985, p. 199).

Little is known about gay men who might set out to become HIV infected. What is known is that, deep within select circles of the MSM community, are men who have been labeled *bug chasers*. Defined as *gay men who intentionally seek HIV infection*, these bug chasers push the envelope by positioning themselves in opposition to gay norms. Only a few researchers have authenticated the existence of this controversial population (Gauthier & Forsyth, 1999; Graydon, 2007; Grov, 2004; Grov & Parsons, 2006; Moskowitz & Roloff, 2007; Reynolds, 2007; Tewksbury, 2003). While those in the HIV field are just beginning to seek an understanding of bug chasers, their attitudes, and their propensity to pursue this course of action, members of this population have created their own language of transmission and clandestine communities devoted

specifically to the culture of bug chasing with websites, blogs, and online chatrooms (Dean, 2008, 2009; Hogarth, 2002; Jacobs, 2005; Kennedy & Allen, 2006; Lisotta, 2004).

The bug chaser has a counterpart called the *gift giver*, the HIV positive man willing to share HIV infection (Reynolds, 2007). The bug chaser and gift giver partake in sexual practices that are pivotal to the spread of HIV. However, the amount of research on this phenomenon is limited in part because the only way to discover the rationales for these behaviors is to research the deliberate engagement in unsafe sex for the sole purpose of voluntarily acquiring or spreading HIV infection. Intentional infection for the sake of academic and scientific research, however, is situated starkly as a contradiction to the approach of *Do No Harm* as embraced in the field of medicine, ethics, and research. These compensatory risky sexual behaviors describe the individual's desire to achieve an HIV-positive status within the MSM community; exploring the attributes and perceived beneficial aspects of these practices without solely relying on a pathology-based understanding of unprotected sex is the only way to build understanding about the purposeful pursuit of HIV. To advance an understanding of the bug chaser and gift giver requires that the knowledge seeker learn to think differently, which is only possible when one has learned to listen and read differently.

Together, the bug chaser and the gift giver have changed the landscape of HIV prevention and created a population of interest. The urgent and daunting challenge is to seek an understanding of the gay man who describes himself as a *bug chaser*. Sustaining risk-reduction strategies for HIV prevention through treatment has not been simple because prevention in this context is subject to complex forces comprising internal psychologies and external social and cultural pressures, none of which are subject to

immediate modification, or, arguably, to modification at all. For example, according to Brennan and colleagues (2010), based on cross-sectional and longitudinal studies, researchers have no reason to believe that optimistic beliefs about HIV treatment have an influence on sexual risk. In contrast, however, Dean (2009) reported that MSM are abandoning safe sex practices because of "an active desire for viral transmission or viral exchange" and that the goal of their sexual encounters is "precisely in order to become infected" (p. 17).

While a basic assumption is that MSM want to remain HIV negative, the evidence speaks to the contrary and shows that a subpopulation of physiologically healthy HIV-negative gay MSM actively look for seroconversion through sex with HIV-positive partners (Gauthier & Forsyth, 1999; Graydon, 2007; Grov, 2004; Grov & Parsons, 2006; Moskowitz & Roloff, 2007; Reynolds, 2007; Tewksbury, 2003). Seeking an understanding of MSM who might intentionally seek seroconversion, regardless of how small that population might be, is a crucial undertaking in this new landscape of HIV.

Glossary of Key Terms

Barebacking - colloquially used to mean anal intercourse without latex condom barriers.

The Bug – the actual HIV virus.

Bug Chaser – a self-identified gay male who intentionally sought, or seeks, HIV infection by attaining the *bug* – specifically, HIV.

Bug Chasing – the act of seeking HIV viral transmission through those sexual maneuvers such as unprotected sex and the exchange of HIV infected semen during unprotected sexual maneuvers, or intravenous drug needle sharing, or any maneuver, precisely capable of transmitting HIV virus.

Gift Giver – the gay man already infected with HIV who seeks to share his HIV virus through sexual maneuvers, specifically unprotected anal sex and the exchange of HIV infected semen with a willing participant who seeks seroconversion – the bug chaser.

Gift Giving- the act of being a gift giver.

MSM – gay males who identify as a man who has sex with other men.

Queer Theory- holds that it is better to think more fluidly. Queer theory also challenges assumptions of normal and deviant behavior, especially regarding sexuality and gender Calls for diversity that surpasses the notions of strict identity.

Purpose of the Study

The purpose of this narrative study was to understand the life experiences of gay men who intentionally seek to become infected with HIV. Using queer theory as its framework, the study was constructed from these research questions:

1) What are the life-stories of gay men who seek HIV infection?
2) How do these life-stories describe and give meaning to sexuality and HIV?

Significance of the Study

According to Rofes (1998), gay men who survived the AIDS crisis of the 1980s quickly default to panic and disavowal whenever any suggestions arise about wanting HIV. Absent rich ethnographic studies, it will be impossible to understand how it is that some gay men may seek out HIV infection, especially given the controversy surrounding this phenomenon within the gay community. A clear understanding of the lived experiences of bug chasers is only possible through the production of rich accounts based on "the generation of open discussion and debate that intensifies a community's consciousness of how its health is impaired by environmental constraints" (Stevens, 1989, p. 66). Key goals for this dissertation is to create a context for such a discussion and to help establish a foundation for an informed dialogue among gay men and for increased knowledge and skill among health care professionals.

What is evident in the development of a study about gay men who intentionally seek HIV is that so little knowledge about this phenomenon exists. The consequence of not learning about this population of men is that they are cast as *other* and are thus excluded (Canales, 2000, 2010). Living with HIV is complex; it requires gay men who

are HIV positive to deal with stigmatizing attitudes, social contempt, and the indifference of many in the non-MSM community toward both the individual's HIV status and his identity as a gay man. When a stigmatizing disease is combined with a stigmatized identity, profound outcomes may result, especially if the human community at large fails to create an atmosphere of understanding and tolerance. If combined with this experience is the possibility that an individual intended his own infection, then the vulnerability to moral judgment is heightened. If an understanding of such experiences can be reached, then the nursing community may be able to calibrate much more than just medical success in caring for men with HIV.

The sexual health of gay men today, in the fourth decade of HIV, must take into account ways of being that belie the very categories that have been created. No cure for HIV is on the immediate horizon; thus, recognition of the interrelationships among disease, identity, lifestyle, and choice remains pivotal. This study is framed by the belief that understanding difference and accepting the fact that difference exists has great significance for overcoming inequalities. While avoiding the confines of holding any man to one belief, one performance standard, or one sexual identity, a hope for this work is to avoid *othering*—so that inequality imposed by a dominant social order may one day be obsolete.

Chapter 2: Historical Analysis and Review of the Literature

Background

The year 2012 marks the 31st anniversary of the emergence of the worldwide pandemic of HIV/AIDS. Although the first article in the medical literature was published in June 1981 (Gottlieb, 1981), nurses and caregivers still have ample opportunities and obligations to understand the many diverse people who are the face of HIV/AIDS. During the past 31 years, HIV has been addressed in all forms of academic literature. It has also been showcased in practically every written literary genre, including fiction, non-fiction, autobiography, memoir, essay, poetry, and drama. These creative works give the writers the freedom to not only tell their stories but also to utilize techniques such as imagery, language, and metaphor to more intimately express their truths and experiences to their audience. In addition to this rich offering, the modern digital age enables people to more easily explore their creativity and connect with a worldwide community to create a subculture with its visual identifiers and language based on euphemism, symbolism, and metaphor

During the past 31 years, the modes of writing and artistic genres focused on HIV/AIDS have blended to create new expressions. One of the more recent developments involves the elaborate use of metaphor to define the practice of intentionally seeking infection with HIV/AIDS. Known in the gay male community as *bug chasing*, this phenomenon merits serious attention as a significant health care issue for anyone who cares for patients who have or are at high risk for contracting HIV/AIDS.

A mixed review of the literature forms the basis of this doctoral dissertation study about gay male bug chasers, which seeks to provide an accurate portrayal of their experience. Chronologically this study examines these three domains: the popular media, the empiric literature, and the key terms and concepts from within the bug-chasing culture.

Literature Review Design

For this study I intentionally drew from mixed literature and mixed media genres, focusing initially on non-scientific literature and then transitioning to the scientific literature. I have divided this chapter into five main parts. First, I discuss the rationale for intentionally blending mixed sources of literature. Second, the use of metaphor is described because it is critical to understanding the culture of the gay men who seek HIV infection. Learning the lexicon of bug chasers and understanding the latent and multi-layered meanings within their words provide the baseline knowledge necessary to understand their experiences. Thus, key terms and concepts relating to the bug-chasing subculture are defined and explored.

The third part of the chapter details the non-scientific literature, hereafter called *popular media*, comprising essays and novels, non-scientific reports, interviews, magazine articles, and video documentaries. These popular media have been the primary vehicle informing the general public about experiences of gay male bug chasers. The fourth part of this chapter is the review of empirical literature, which includes the studies that were prompted by the stories being told through popular media. The fifth and final part of the chapter is a discussion that bridges findings of the popular media and the peer-reviewed literature.

Intentional Blend of Popular Media and Empiric Literature

Inquiry about bug chasing has a complex history with works in multiple genres of popular media and published studies. When the first popular media article about bug chasing appeared, many in the healthcare field expressed an urgent need to understand a phenomenon that seemingly defied rational explanation. Consequently, the popular media articles sounded many alarms calling for objective professional analysis of the situation—one could also not ignore the moral panic that ensued as more people became aware of a subculture that encouraged its participants to intentionally spread disease. Views on what inspires bug chasing range widely, from notions of self-loathing and worthlessness to a utopian escape from contemporary society.

The popular media also played an important role in initiating discourse about everyday issues faced by gay men and thus are a rich source of naturalistic data. Storied forms of narrative found in the popular media can detail the lives of individuals and groups. As such, accurate popular media portrayals can serve as a foundation for professional and empiric analysis. Another reason for including popular media in this review of literature is the large audience it can influence compared with the smaller specialized audiences who read scientific journals.

Discovery is only possible if unfiltered facts are revealed that are meaningful to the population studied. Progress can be achieved not only by learning new scientific facts but also by cataloging, analyzing, and consolidating the everyday facts expressed by diverse members of the study population. Since the merits of each field have been so great, sophisticated analysis of mixed expressions about HIV can be produced, especially

if followed and understood over time, which enables drawing parallels and identifying differences when relevant. A goal of this literature review is to demonstrate how over time early publications and expressions in popular media, the creative arts, and the scientific literature might have influenced those that followed.

In conducting a large-scale review, a number of sources may appear to be discordant or in conflict with the findings described in so-called reputable sources. For example, a large number of sources are included that appear to be less authoritative (e.g., popular or mainstream media), as well as a few that may be judged as absurd or sensationalistic (e.g., metaphor, poetry, video media, and the Internet). Nevertheless, these non-scientific contributions stand with those more authoritative sources (e.g., empiric scientific literature) in helping to capture the range in knowledge about the life experiences of gay men who pursue HIV intentionally. Regardless of their potential to be discordant, in aggregate one may safely appreciate certain conclusions that at least partially reconcile the popular and scientific findings.

Metaphor Use for Bug Chasing

Providing a rich and nuanced picture, metaphor can be either unconscious or conscious, and can reveal how a person perceives, accepts, or denies an illness. For this review of the literature, metaphor deserves special mention because it represents interpretation, and "all thinking is interpretation" (Sontag, 1989, p. 93). Typically, a disease is viewed through a particular lens of understanding; removing the mystery of the disease serves to eliminate its capricious nature. Understanding HIV/AIDS is troubled by what Sontag (1989) calls, "… the romantic idea that the disease expresses the character is

invariably extended to assert that the character causes the disease because it has not expressed itself" (p. 46).

Others, such as Steger (2007), believe that metaphor "provides the qualitative researcher with an alternative 'entrance' to the comprehension of narrative" (p. 18). Without investigating popular metaphors for bug chasing, a researcher may erroneously project misunderstood assumptions derived from standing outside of the bug chaser culture. This risk is especially true when knowing that the very eyes with which a modern viewer may see a problem are conditioned by longstanding traditional views. Although the current profile of HIV is thick with metaphor, it is hardly the first disease to utilize it. In fact, much of the literature about the history of medicine, illness, and conquering illness is heavily threaded with metaphor. In *Illness as Metaphor and AIDS and Its Metaphors,* Sontag (1989) specifically sought to uncover some of the meanings between the reality of the AIDS epidemic and the fears about a future.

A rich and long history of metaphor also spreads across other disciplines. For example, metaphor use ranges across the business sector (Morgan & Reichart, 1999; Ramsay, 2004; Vaara & Riad, 2010), studies of organizational development (Palmer & Dunford, 1996; Pondy, 1983), and not surprisingly, language studies (Sticht, 1993). Metaphor use is no stranger to the sciences of psychology and medicine. In writing about metaphor, van Manen (1990) noted, "virtually every word we utter ultimately derives from some image, thereby betraying its metaphoric genesis" (p. 49). van Manen also argued:

> Our most prized certainties, our best proven ideas, our most neglected commonplaces must admit to their metaphoric genealogy… By way of metaphor, language can take us beyond the content of the metaphor toward the original region where language speaks through silence. This path of the metaphor is the speaking of thinking. (p. 49)

As individuals strive to understand each other's experiences, van Manen posited that language becomes a constant trading of metaphors in an attempt to find a common denominator.

Because the metaphors found in HIV/AIDS literature, and more specifically in the bug-chasing literature, are so thoroughly entrenched, they not only illuminate and connect various aspects of it but also obscure and distort other aspects. Thus, one goal of this doctoral research is to graft the subjective language of metaphor into more objective qualitative research—to arrive at conclusions that mutually support both types of source materials—without which, the research runs the risk of narrowness and restrictive intellect. Metaphor use can be traced back to the initial discovery of HIV/AIDS and actually began with the initial controversy of naming the condition (Sherwin, 2001). Sherwin (2001) presented a logical argument, noting, "struggles over naming both the condition and those who are affected by it are reflective of deeper divisions within the scientific community" (p. 348). Therefore, this struggle suggests different understandings and ultimately different strategies for research.

For Patton (2002), metaphors can be powerful and clever ways of communicating findings in qualitative research. Charmaz (2006) believed metaphors can explicate tacit meanings and feelings subsumed relevant to the domain addressed. Additionally, in-

depth analysis of medical issues and terminal illness reveals that metaphors in medicine have a wide range (Periyakoil, 2008). Yet, when the lens is narrowed (as in the case of HIV and bug chasing), metaphor links many of the rich descriptions cast by bug chasers. For example, generally innocuous terms such as *feeding*, *seeding*, and *breeding* take on unique meanings that describe the exchange of HIV-infected semen. A complicated array of choices is being described through metaphor regarding sexual lives, as well as complex questions about sexual freedom that are difficult to answer.

What looms large is the problem of strengthening the understanding of the gay male community and its own rebuilding since the initial devastation of HIV/AIDS in the early 1980s. Today, metaphoric descriptions and euphemisms are the language used in Internet chat rooms, blogs, message boards, and other venues to attract bug chasers. While increasing greatly in number throughout the gay male landscape, these terms are often not readily understood by those outside the subculture. How the bug chasers have encumbered the trappings of HIV/AIDS with metaphor adds to the deep and consequential meanings surrounding the disease that are currently not fully understood.

An interesting thesis offered by Sontag (1989) is that "illness reveals desires of which the patient probably was unaware" (p. 45). At the same time, van Manen (1990) warned that language of metaphor bridges both speaking through silence and speaking through thinking (p. 49). Examining meanings then, with and without metaphor, is essential when researching the bug-chasing phenomenon. In keeping with Ramsay (2004), "the nature and structure of metaphor will always generate ambiguity" (p. 145); however, whether that ambiguity is positive or detrimental, intentional or unscripted, or all of these characterizations, remains to be seen. To understand gay male bug chasing,

this discussion now turns to the genre of popular media and empiric literature, blended with metaphor.

Key Definitions and Differentiations

Bug Chasing and Gift Giving

To be a bug chaser, one must partake in intentional anal sex without barriers. The bug chaser's counterpart is the gift giver, the HIV positive man who proffers membership into the HIV world, therefore empowering the bug chaser (Dean, 2009, p. 82). Bug chasers have the sole intent of *catching the bug* or *receiving the 'gift'*, meaning *infection with HIV* (Gauthier & Forsyth, 1999; Grov & Parsons, 2006), while *barebackers* are *men who do not practice latex-barrier intercourse*. An important distinction is that, although barebacking is the most effective means to transmit HIV, not all barebackers want HIV, and many risks are yet to be fully explained about barebackers. According to Halkitis, Wilton, et al. (2005), "within the gay male community, barebacking is colloquially used to mean anal intercourse without latex condom barriers" (p. S28). Understanding the fantasies and the risks that define barebackers is important but can present a substantial challenge, particularly for those in the health care professions, whose goal is to prevent disease whenever possible.

While it is difficult to trace the true history of the bug-chasing/gift-giving phenomenon, it appears that the first scientific analysis into bug chasing/gift giving in the academic literature was published in 1999. In the journal *Deviant Behavior*, two sociologists, DeAnn K. Gauthier and Craig J. Forsyth, examined this phenomenon in their article, "Bareback Sex, Bug Chasers, and the Gift of Death" (Gauthier & Forsyth,

1999). They defined the *bug chaser* as the *HIV-negative gay man who is seeking to become infected with HIV*, while the *gift giver* is defined as the *HIV-positive gay man who seeks to share his gift of HIV* (p. 92). They sought to explore the emerging trend of gay men abandoning safe sex and condom use, which had defined a subculture. They believed that advancements in technology spurred by development of the Internet gave like-minded people easy access for interaction with relative anonymity. Further, they sought to understand the "deviance" (p. 86) of barebacking and bug chasing. They remarked, "in the age when sex education is focused to a large extent on blocking the transmission of the deadly HIV virus, such deviant behavior may seem incomprehensible" (p. 86), especially since HIV educators have focused so heavily on reducing this behavior. Early in the history of HIV, it seemed that campaigns for HIV prevention were successful as numbers of new infections in the gay community were declining. However, from their exploratory study, they learned that barebacking is a form of deviance in certain contexts, and that the rates of HIV infection have not fully declined.

Barebacking

The idea of deviance ranges from little or no social disapproval (for example, when barebacking occurs within heterosexual marriage) to profound social censure (when the activity involves random gay men who are HIV positive). Even among members of the gay male community, barebacking is a morally charged controversy because it is the most efficient sexual means of transmission of HIV (Cole, 2007).

In the non-censured realm, however, what some consider deviant is simply an exaggerated version of familiar and ordinary sexuality by others. Subjecting unfamiliar practices to external criticism fails to respect unfamiliar cultures. It is worth emphasizing that in reviewing the various materials on bug chasing, the tendency is to conflate the term *bug chasing* with *barebacking*; in some cases, the two terms seem interchangeable but this conflation is extremely misleading.

Chronological Review of the Popular Media

Mainstream Magazines and Newspapers

With a history of at least 10 years of popular media stories about bug chasing, one can reflect on a time when these stories were first accused of stirring hysteria about bug chasing. The varied popular media dealing with this topic are detailed in Appendix A.

The first popular account about bug chasing was a September 1997 *Newsweek* article by Peyser and Roberts. Although scattered articles about bug chasing appeared in gay-focused press, they seemed unnoticed outside of the gay audience. Peyser and Roberts were the first to make the leap from the gay press into full public view in a mainstream magazine. Entitled "A Deadly Dance", their article reported on the erotic potential associated with contracting HIV in certain segments of the gay male community. Because of new protease inhibitor drugs and decreases in HIV/AIDS-related deaths, some gay men were beginning to seek out unsafe sex again. The fear of rolling back a decade of advances in HIV prevention was suddenly a reality of enormous consequence.

A new era of HIV prevention and care appears to have started circa 1997. Peyser and Roberts (1997) reported one interviewee who stated, "if someone has AIDS or HIV that kind of lionizes them; it's heroic, like fighting the battle" (p. 76). As another interviewee explained, "when you get with someone who has HIV, it's like being with someone greater than you are" (p. 76). These profound disclosures brought forward an urgent need to understand this deep and consequential identity for these men and to attempt to trace its history and development as a trend within the gay community.

It took little time for the flurry of gay-friendly press to respond to Peyser and Roberts (1997). Only 1 month later, in November 1997, Bergling (1997) published in *Genre* magazine with an echo of sorts to Peyser and Roberts. Bergling related a story from an interviewee who confirmed that finding out that he and his lover were HIV positive felt like freedom because they no longer had to equate intimacy with concerns about HIV transmission. Foregoing safe sex practices allowed a return to the uninhibited lovemaking years the interviewee recalled before the era of HIV. For this interviewee, the modus operandi was that if life were going to end in 5 to 10 years, then he might as well live uninhibited while he could.

At the same time, with the discovery of protease inhibitors, according to Bergling (1997), "drug therapies, rightly or wrongly, diminished some of the popular fatalism once automatically associated with HIV" (p. 71). Many HIV-positive men found themselves asking these very questions, with the answer being that if they were already HIV positive, then they might as well live life to the fullest. It might be at this point one can begin to see a trend of no longer fearing HIV. For those who were not HIV positive, HIV was beginning to seem less tragic.

Mainstream attention captured the interest of several writers and public figures who were compelled to comment publicly about the return of unsafe sex in the gay male community. Scarce (1999) wrote in the magazine *POZ* that he set out to discover who was having unsafe sex, and why. Based on a qualitative researcher's stance and as an HIV activist, Scarce intentionally attended house parties in San Francisco for which the focus was to provide a party environment where unsafe sex was the goal and being HIV positive was an unspoken assumption. To Scarce, this foray was an experiment of discovery.

Scarce (1999) wrote about his experience in an article entitled "A Ride on the Wild Side" published in *POZ*. He reported that, on arrival at one sex party, the host provided a piece of paper to him disclaiming that this event was "a bareback party," and that the house rules were that "it is assumed that all guest are HIV-positive, or have made the decision to attend this kind of party" (p. 52). It was assumed that by attending the party, Scarce was part of the gay male community and that he also knew about barebacking.

Based on these experiences, Scarce (1999) then hypothesized that gay men had a blatant disregard for public health, and he was shocked to learn that "the gap between public HIV prevention messages and gay men's behavior behind closed doors is wider than ever, for a number of reasons" (p. 70). He further stated that he was overwhelmed by what he perceived to be sex without limits, lack of critical thinking, and shortsighted hedonism. After interviewing barebackers, he further concluded that barebackers "possess personal ethics, political consciousness and self-control in addition to the relative extremity of their sex" (p. 72). He also made other conclusions, for example, that

barebackers believed that their subculture has coalesced in large part as a backlash to prevention.

As a writer, researcher, and gay activist, Scarce (1999) discovered the dichotomy that exists in bug chasing: How could someone who willingly courts disease for either himself or others still maintain a sense of ethics and morality? Does knowing this sensibility make it easier for health care providers to see bug chasers as decent people who deserve the same treatment as those unintentionally infected? Finally, Scarce noted that rather than scapegoating barebackers for their shortcomings in HIV prevention, a more productive approach would be to enhance familiarization with the subculture. Scarce concluded that barebacking is neither a fad nor a glamorous buzzword, and it remains to be seen how politicized barebackers will become about their rights and responsibilities and thus their intentional infection with HIV. To Scarce, the ultimate conclusion was that barebackers do not deserve to be vilified, rather they deserve to be understood.

Entrance of Video and Documentary

While bareback sex and unsafe sex began to take on newer and wider meaning, the unsafe sex phenomenon gained more attention and moved beyond print. Now in the gay community, it is apparent in certain circles that the initial panic of HIV has given way to dangerous complacency fueled by the belief that HIV/AIDS is now a manageable disease. Unsafe sex now has new names—and new meanings: The necessary counterpart to *bug chasing* is referred to as *gift giving*. In turn, g*ift giving* demands a *gift giver*—an HIV-infected man "willing to consensually inseminate other men with HIV" (Dean, 2009, p. 70). The bug-chasing phenomenon received considerable attention following the

release of a critically acclaimed and controversial AIDS documentary, *The Gift* (Hogarth, 2003). The documentary was supported by a grant from the AIDS Healthcare Foundation and took more than 2 years to complete. The Director and Producer Louise Hogarth's decision to focus on bug chasing, regardless of its risks of causing panic, was not one she regretted. The press kit for *The Gift* explains that Hogarth's decision to focus on bug chasing was to put HIV/AIDS back in the headlines; she did not want the message of *The Gift* to go unheeded. She recalls a film that followed five people with HIV, *Undetectable*, (Corcoran, 2001) three of who had died. This film had no audience, however, and she did not want *The Gift* to suffer the same fate. By opting for a more sensational storyline, she successfully inspired people to talk about HIV/AIDS.

In Hogarth's research, serendipity led her to discover bug chasing as an example of HIV/AIDS messages gone wrong. After a trip to South Africa, Hogarth discovered that the same safe-sex campaigns used in America were being used in South Africa, resulting in women there deliberately seeking infection from HIV-positive men. She believed that pharmaceutical success and safe sex campaigns inadvertently glamorized and eroticized HIV/AIDS. Hogarth came to discover that gift-giving parties like those in San Francisco documented by Scarce (1999) were happening just miles from her Cape Town hotel—the glamorization of HIV had reached global proportions. Hogarth claimed that, without shame or blame, she wanted to explore the story of what went wrong with American prevention efforts and how a subculture of American gay men arrived at a place where they did not care if they became infected with HIV. After reading works by Bergling (1997), Peyser and Roberts (1997), and Scarce (1999), Hogarth wanted to discover why HIV/AIDS prevention campaigns had gone so wrong. According to

Hogarth, many men were eager to talk about the phenomenon of bug chasing. Despite a level of disturbing disclosures, many of the men featured in this documentary balanced the paradox of safe and unsafe sex with their intent to deliberately court HIV. Disclosures uncovered that some men believed that managing HIV/AIDS was as simple as taking a pill, while others had no knowledge that drug cocktails had the potential for resistance. An extreme and noteworthy disclosure was that many men told her that once they had the virus, they could have unprotected sex without the worry of getting any sicker.

The Gift (Hogarth, 2003) documentary focuses primarily on the story of Doug Hitzel, who moved from the Midwest to San Francisco in search of a more accepting and open gay community. He became a bug chaser and actively sought HIV infection in an attempt to gain easy access and acceptance. The opening of *The Gift* features a teary-eyed Doug stating, "When I thought being positive was a positive thing, I thought 'I just wanna have a lot of promiscuous unsafe sex'." Fighting back tears, he stated, "I didn't know it was gonna change so fast… no one told me." He spoke further about HIV as a gift:

> The gift pulls you in because it seems like the biggest box. In a whole room of presents, it's got the best bow, it's got the best ribbon, and it looks like the biggest and the funnest [sic], and you open it up and it's like a big ball of nothing and it just sucks all the life from you.

As the documentary ends, Doug exclaimed, "I just can't believe that it seemed like a livable thing to me—there was no benefit in this—and that's just what really needs to be said."

Through the prism of two young bug chasers, Hogarth refracted the path that Doug followed with that of another gay man named Kenny, who also chose to seek "the gift" of HIV/AIDS. Candid and deep interviews uncover Kenny's view: "When I got my positive results, I was relieved. I didn't have to worry anymore—did I have it, did I have it? I'm happy, I can breathe again." These interviews are juxtaposed with those of four HIV-positive men in a Los Angeles support group who express shock about bug chasing. Each shares his negative opinion about bug chasers, wishing he had a chance to rid himself of his own bug. After living with HIV for a varied number of years, each man agreed that he would give anything to go back in time to get HIV out of his body. One man emphatically asks, "Why would anyone want this inside themselves?"

Despite the fact that they were gay men like Doug and Kenny, none of them could understand bug chasing. Also included in the film is an interview with Walt Odets, a psychologist, who details the failure of HIV/AIDS prevention messages regarding unsafe sex and intentional barebacking. *The Gift* balances issues of complex sexuality with the basic desire to fit in. In 2003, this film alerted its viewers about the great lengths to which some gay men would go to fit in and move forward with their lives. Bareback sex was just part of the terrain.

Return of Written Popular Media

The next high-profile popular press piece was an article written by Gregory Freeman (2003) for *Rolling Stone* magazine. This article, "In Search of Death" provoked the need to confirm or deny the existence of the bug-chaser subculture. Coincidentally, Freeman's article was garnering mainstream attention in the United States at the same time that Hogarth's 2003 film, *The Gift,* debuted at the prestigious Berlin Film Festival. The article was roundly criticized because it reported that as many as 25% of new HIV infections among gay men could be attributed to bug chasing. Although several people cited in the article later claimed that their statistics had been misquoted, both the author and *Rolling Stone* magazine stood behind the article. Regardless of the validity of the statistics and the allegations of sensationalism and homophobia that surrounded the article, it set off many alarms within and outside of the gay community (Howard, 2003). While Freeman's (2003) viewpoint was said to be spuriously unfounded and untrue, it verified the existence of the bug-chaser subculture in mainstream America.

According to Freeman (2003), bug chasers believe HIV is not a ruthless killer, but rather a thing of beauty, truly *a gift*. In fact, Freeman reported that according to a least one-bug chaser, HIV as a gift is "the most beautiful [thing] a man can willingly receive—spread through a secret breeding ground" (p. 44). In addition, securing the gift takes dedication and finesse. One can begin to truly appreciate metaphor in mastery of the unique lingo for this exchange, such as *getting pozzed*, seeking *bug juice*, *gift giving*, and *conversion*, and becoming likened to a pregnant woman who has been implanted with HIV *seed.* To some, the deliberate search to seroconvert is viewed with bewilderment, while others view bug chasing as a pragmatic maneuver that allows gay men to control

their destiny (Freeman, 2003). Consequently, one is exhorted to resist the visceral urge to automatically pathologize all aspects of the bug chaser–gift giver relationship. For instance, health care professionals run the risk of making assumptions that may affect their ability to provide the care and support necessary for these individuals.

The alarms sounded by "In Search of Death" (Freeman, 2003) may have been the catalyst for both journalists and scientific investigators to dig deeper into the phenomenon. The irony is that the exposure provided by the article may have been the catalyst for at least some gay men to seek out the subculture. A sense of curiosity and shock may have led some to bug chasing as this quote from a piece in the scientific literature suggests: "HIV obsession and fascination… force the development and recognition of a bug chasing subculture" (Moskowitz & Roloff, 2007, p. 349).

At this point, one can appreciate that conflicting opinions and controversy were aroused by popular media, a source that should not be ignored in trying to understand the experiences of gay men who intentionally seek HIV. In the *Rolling Stone* article, Freeman (2003) reported on one Manhattan bug chaser, Carlos (a pseudonym), who expressed relief after months of unprotected sexual encounters that his moment of infection was "the most erotic thing I can imagine" (p. 44). Freeman suggested that Carlos exemplifies the typical bug chaser who believes that HIV infection has become a meaningless hindrance. To Carlos and other bug chasers like him, Freeman wrote, HIV is no different from diabetes, a disease that is treated with drug therapy. From this perspective, the riskiest of sexual behaviors become performable—thus facilitating sexual nirvana.

Freeman (2003) also profiled Doug Hitzel, the same individual who was a central character in the documentary film, *The Gift* (Hogarth, 2003), after his seroconversion. As an HIV-positive man, Doug told Freeman that he struggles continuously with self-blame, regret, and anger, attesting that it was loneliness and desperation to fit in that led him to seek out the sense of community that he believed HIV-positive status would confer. Becoming HIV positive failed to provide him with a sense of camaraderie or enhanced community. Unlike Carlos who views HIV as a minor annoyance, Doug regrets his decision, knowing now that HIV affects nearly every part of his life. Moreover, he adamantly disputes Carlos's claim of eroticism, and suggests Carlos follow him for a week of pill taking and vomiting and then rethink how erotic living with HIV can be.

Over the next 5 years, commentary on the Freeman (2003) article continued and crossed over to the gay press, while the topic of bug chasing remained highly visible and heavily argued. One article is especially contrary. In *Salon*, Sullivan (2003) claimed Freeman's article was "riddled with unbelievable shoddy work" (p. 4), stating that Freeman used sources for his work who might be "delusional," and, worse yet, according to Sullivan, Freeman "doesn't actually substantiate a single episode of unsafe sex" (p. 3). In devaluing Freeman's skills and rigor as a reporter, Sullivan accused Freeman of "hysteria, wrapped in a homophobic and HIV-phobic wrapper" (p. 5). While Sullivan reported that bug chasing is a reality among a minority in the gay subculture, what Sullivan could not abide was Freeman's sensationalizing of the phenomenon to the detriment of an already beleaguered and feared subculture.

Meanwhile, the documentary, *The Gift* (Hogarth, 2003), became available to mainstream American audiences. In an article called "Return of the Bug Chaser",

published in the *Advocate,* a gay magazine of national prominence, Lisotta (2004) described the controversy that surrounded its American debut. Lisotta quoted Hogarth as saying, "I think it's very peripheral behavior. I want people to think, 'Gee, I'm not a bug chaser, I'm not a gift giver, but I'm having unsafe sex in a community that may be 50% infected. What am I then?' " (p. 30). Lisotta suggested that the German debut of the film was sensational, sparking widespread debates, but when "Sundance Channel gave the movie its long-awaited U.S. television premiere, the debate is heated up once again" (p. 30). The voices of the marginalized demonstrated persistence—as non-censured as they could be on a television network—showing the community issues that, irrespective of the difficulty, were valid and worthy of being understood.

Chronological Review of the Empirical Literature

A great deal is still unknown about sexuality, both before and after an HIV diagnosis. Not well enough understood are the perspectives of gay men who lead active sex lives in the context of active HIV disease. One common theme in the literature, however, is that HIV is not as frightening as it once was. Built into this thinking are sexual behaviors that support the idea that, since HIV is now easily managed medically, it diminishes restrictions felt by some gay men, especially when they choose to engage in unprotected sexual activity. The studies pertaining to bug chasing are detailed in Appendix B.

Early Internet Research Explaining Motivations for Bug Chasing

Gauthier and Forsyth (1999) were at the forefront of research regarding the sexual experimentation of barebacking, its link to the phenomenon of bug chasing, and

the use of the Internet for connecting bug chasers and gift givers. For their project, it is unclear exactly how many Internet profiles were accessed, and because of the nature of the Internet, confirmation of the true number of participants in each Internet chat room is impossible. Further, no determination is possible about whether the profiles and comments they examined were: 1) authentic, 2) from unique bug chasers/gift givers, or 3) merely sensationalistic. However, in an attempt to explain the complex motivations behind barebacking via investigation of Internet chat, Gauthier and Forsyth (1999) concluded that bug chasing/gift giving had its origins in: 1) *fear and relief*, 2) *risk-taking as eroticism*, 3*) loneliness and group solidarity*, and 4) *political activism*.

Gauthier and Forsyth's (1999) findings about what may lead gay men to engage in bug chasing are prominent in Internet research that followed. In some reports, a fifth motivation, *proving masculinity*, has been identified (Dowsett, Williams, Ventuneac, & Carballo-Dieguez, 2008; Fontdevila , 2006; Graydon, 2007; Haig, 2006; Halkitis, 2001; Halkitis, Green, & Wilton, 2004; Harrison, O'Sullivan, Hoffman, Dolezal, & Morrell, 2006; Holmes, Gastaldo, O'Byrne, & Lombardo, 2008; Sanchez, Greenberg, Liu, & Vilain, 2009). Together, these five motivations might serve as theories about intentionally seeking HIV, and as such provide conceptual scaffolding for the current study.

Fear and Relief. In writing about *fear and relief*, Gauthier and Forsyth (1999) indicate that bug chasing can be a response to methods for HIV education and prevention. The fear of HIV, for example, may impede a gay man's ability to be with the man he loves; thus, his quality of life is diminished. Relief may stem from the assumption that HIV was "inevitable" (Gauthier & Forsyth, 1999, p. 93)—bug chasing merely expedites

the arrival of an infection that was bound to happen by virtue of being a gay man. Therefore, these men deal with the fear of getting HIV by intentionally becoming infected; relief follows since the worry about getting infected is now behind them. Kenny, an interviewee in *The Gift* (Hogarth, 2003), testified to this cycle of fear and relief.

Risk-Taking as Eroticism. A second line of explanation for bug chasing is *risk-taking as eroticism*. Eroticism as described by Gauthier and Forsyth (1999) influences men across a community who then act. They found that some men are willing to risk infection to regain the sense of closeness that was lost as a result of safe sex campaigns. Because of safe sex campaigns, sex became less real, more sterile, and less erotic. As they quote in their study, "safer sex is not hot sex; it's pretend sex" (p. 90). Further, they describe that for some men, the most captivating quality of the sex act is its irrationality, because the intimacy felt with unprotected sex is primal. Safe sex negates the irrationality, thereby leading barebackers and bug chasers to experience risk-taking sex as real, unfettered, and authentic sexual experience (Sheon & Crosby, 2004).

Loneliness and Group Solidarity. The third explanation offered for bug chasing is *loneliness and group solidarity*. Gauthier and Forsyth (1999), as well as subsequent researchers, have suggested that for some gay men, their struggles with gay identity may compound their desire to be accepted within the gay community. For these individuals, the need to belong is so strong that they may see HIV-positive status as a way to gain support and membership in the gay community—the brotherhood. Because some HIV-negative gay men believe that the HIV-positive community has significantly stronger bonds, it becomes enticing. An example is Doug Hitzel, interviewed in *The Gift*

(Hogarth, 2003) and profiled in *Rolling Stone* (Freeman, 2003). His motivation for bug chasing was his loneliness after a breakup and then living alone in a new city. Although drugs and sex relieved his loneliness, they also exacerbated Doug's risky behaviors. While using drugs, he felt like he fit in within the bug chasing culture, so he embraced it—after all, these connections were all he had, so adopting the appropriate behaviors and signifiers of the community were worth the risks.

Political Activism. *Political activism* as a motivator for bug chasing implies that when society stigmatizes homosexual behavior and treats HIV-positive men as outcast, this actually propels individuals to act out and respond in politically charged ways. Gauthier and Forsyth (1999) aligned this idea with Lemert's (1951) theory of secondary deviance, which proposes that once a person is labeled as deviant by society, then the person might as well fulfill this label. Further, Tomso (2008) shed light in this area by declaring that the HIV/AIDS epidemic has presented a wide array of choices, such that questions about sexual lives and sexual freedoms are difficult especially when talking about sex acts between two men. Finally, because political activism also provides insight into accounts of ambivalence—arguing both sides of an issue—it is overshadowed by prevention messages that emphasize safety and self-preservation without acknowledging the value that men place on spontaneity, risk-taking, and intimacy; thus, unintended consequences arise.

Proving Masculinity

Proving masculinity has also been offered as an explanation for why some men engage in bug chasing. Dean (2009) suggested that gay barebackers view safe sex as a

threat to masculinity since this condom use suggests vulnerability, doubt, or derision. Being the alpha male remains a critical identifier for many gay men. Despite a paradox, "one is masculinized rather than feminized by submitting to masculine domination" (Dean, 2009, p 55) so consequently, when a man overcomes his fear of HIV, "HIV infection is imagined as the opposite—as the ultimate sign of strength" (Dean, 2009, p. 55). For these men, by mastering their sexual destiny and proving their manhood by bug chasing, the index of vulnerability takes on new meaning.

In summary, these five motivators—fear and relief, risk-taking as eroticism, loneliness and group solidarity, political activism, and proving masculinity—prominent in the empirical literature about bug chasing, represent a broad spectrum of desire to seek HIV. Together, these reasons why some gay men take part in bug chasing despite the sometimes-lethal consequences, suggest differing expressions of identity for gay men.

Issues Explored in More Recent Research on Bug Chasing

Status Within the Gay Community. Graydon (2007) found from research within the gay male community that the once-held notion that equates HIV to a death sentence is "largely out-of-date" (p. 283). Whether one is a bug chaser or not, an HIV diagnosis is no longer synonymous with death. Further, Graydon discovered through quasi-randomized surveys that being HIV positive brings with it status and social rank with powerful and benevolent markers within the gay community. Graydon's study participants often stated that an HIV diagnosis was inevitable, based solely on their identities as gay men. Therefore, choosing when someone gets infected with HIV through "barebacking" [sic] (Halkitis et al., 2005, p. S28) is preferable to chance and is

one key to understanding the bug-chasing phenomenon. For bug chasers, choosing to become infected becomes an act of control and determination instead of passively waiting for someone to inadvertently pass the disease. So, the bug chaser seeks out HIV-positive men and decides when, and by whom, he can be infected.

A counterpart to the bug chaser is the gift giver, who, for reasons not yet clear in the literature, joyfully serves the role of the sought-out infector (Graydon, 2007). To the bug chaser, the gift giver has possession of something special and desirable, the most prized gift—HIV (Graydon, 2007). Coincidently, Graydon's Internet study found that in the bug-chaser/gift-giver dyad, the gift giver assumes the role of the more masculine male, who is initiating a comrade into the HIV-positive brotherhood. These findings echo Triunfol's (2003) earlier article in *AIDScience*, in which bug chasing and gift giving are characterized as linked to creating a brotherhood in which HIV represents life rather than death, and unsafe sex is an expression of true love.

Benefits of HIV Positivity. Riggs (2006) explained that, for some gay men, the positive benefits of having HIV outweigh the risks. These benefits include: (1) no longer feeling different from HIV-positive men, (2) no longer having to worry when he would be infected, and (3) being able to relate to loved ones who are HIV positive. These findings suggest that the benefits of an HIV-positive status are central to gay men's modes of relationality and their community life. Based on this risk-benefit logic, bug-chasing behavior may seem rational to some gay men.

HIV as a Tool for Coping. While the psychological means by which gay men intentionally become infected with HIV may escape precise measurement, some

researchers have emphasized that investigation of how gay men deal with anger, blame, and intent to infect each other with HIV is critical to achieve fuller understanding of bug chasing (Goh, 2008; Riggs, 2006). However, an understanding is also needed about gay men's discourses, identity, and relationality in the context of HIV. From this perspective, fitting into a community by virtue of being HIV positive may be understood as the enactment of a particular form of coping through difference or sameness.

Disparities in HIV Status. Sex and sexuality among HIV-positive gay men present an entirely unique set of conflicts. For example, according to Grierson and Smith (2005), regardless of HIV status, identity for gay men derives more through a process of affirmation than refutation. In as much as sexuality plays into his identity, admitting to or denying one's HIV status becomes complex when an HIV-positive man structures his life among HIV-negative gay men. Riggs (2006) noted:

> As gay men, we differ from one another in so many ways, rather than through serostatus. Working through our differences, rather than denying them or 'changing' them, may thus represent an important intervention into ways in which we understand identity and sexuality. (p. 420)

Ideally, this proposal would enable gay men to develop supportive communities that minimize the division between HIV-negative and HIV-positive status. However, before a fuller understanding of this supportive stance can be obtained, the difficult and sensitive topic of sexuality and gay male sexual behaviors must be understood. This understanding has three primary components: 1) the person, 2) the action, and 3) the intent.

Barebacking and Barebackers. The literature suggests that, despite known HIV risks, the rates of unprotected sexual activity are increasing alarmingly (Fenton & Imrie, 2005; Grov, 2010; Sheon & Crosby, 2004). Berg (2009) offered the most up-to-date review of the literature about barebacking and barebackers, noting that barebacking is not as haphazard as one might think. In fact, research confirms that there are strategic maneuvers that some gay men undertake, for a variety of reasons, when intentionally attempting to become infected with HIV (Bauermeister, Carballo-Dieguez, Ventuneac, & Dolezal, 2009). To be considered barebackers, the men must accept the intentionality of their actions, as well as the HIV risks. Some studies indicate that gay men who partake in barebacking have deliberately created this subculture as a construct representing exclusivity, defiance, and unadulterated pleasure, while controlling what they believe is their inevitable infection with HIV (Bauermeister et al. 2009; Berg, 2009; Halkitis, 2001; Halkitis, Green, Wilton, 2004: Halkitis et al., 2005; Halkitis et al. 2008).

Further, Klein (2009) also reported that, in light of numerous studies reporting that risks are clearly known, many gay men continue to place themselves at risk, and that some gay men use sexual encounters to intentionally contract or spread HIV. It is real and has its own name, vernacular, and subculture within the gay male community.

Synthesis of Extant Knowledge of the Rationale for Bug Chasing

Fear and Relief for the Bug Chaser

Some reports in the literature suggest that, when coupled together, fear and relief can bridge a complex process (Beckerman, Heft-LaPorte, & Cicchetti, 2008; Crossley, 2004; Reynold, 2007). Early literature reported, "most people with HIV are fearful of

infecting sexual partners and go to great lengths to prevent it" (Gochros, 1992, p. 106). According to Scarce (1999), however, since bug chasers view HIV as inevitable, rather than living in fear *of when* (not *if*, but *when*) infection will happen, they empower themselves by taking control of their HIV infection. They choose to abandon their fears in exchange for freedom. Graydon (2007) analyzed more than 500 Internet postings over 5 years and concluded that determining the timing of an HIV infection was one aspect that a gay man had under his control. Graydon remarked that, while HIV is isolating and nullifying, it is also imaginable and inescapable.

Schilder et al. (2008) performed open-ended life history interviews with 12 HIV-positive gay men and 12 age-matched HIV-negative gay men. One of the reported life histories stood out. For this interviewee, what used to be a poison now adds to the intimacy. Sex is much more intimate now that he no longer has to worry about becoming HIV positive. He explained that he now has nothing to be afraid of; more importantly, he is now free to please his partner without restrictions. Another man in the same study remarked that he really enjoys himself sexually when he knows that his partner has nothing to worry about.

Risk-Taking and the Bug Chaser

Risk-taking as meaningful for those who intentionally seek HIV implicates a shift in moral justification. According to O'Leary and Wolitski (2009), moral justification involves reasoning about the way harmful behaviors might seem honorable or laudable. For example, one argument is that intentionally seeking HIV represents empowerment in the face of gay liberation; the opposing argument is that bug chasing demonstrates a

distorted understanding of right and wrong. Regardless of how one views the risk-taking component of bug chasing, it can be argued that, since the bug chaser voluntarily seeks HIV infection, he is taking the lead in the risk-taking encounter. Although no one is 'forcing' someone to seek HIV, some gay men are clearly and proudly acquiescing responsibility for risk prevention.

Beckerman et al. (2008) concluded from their exploratory qualitative inquiry that emotional exhaustion from worrying about HIV spawns bug chasing. Fear acquiesces to fatigue, and some men just want to proverbially get it over with. For these determined individuals, risks have little meaning. Particularly striking are results from Carballo-Dieguez' study (2001) indicating that barebackers tend to view risky sex as "the essence of masculine, aggressive, hot wonderful sex"; further, this sex is the "only kind that real men have" (p. 229). As such, the crisis mode of the mid-1980s and early 1990s cannot be sustained indefinitely. Men will simply revert to those enjoyments that bring them the most pleasure.

The erotic nature of sexual risk-taking cannot be discounted. Gauthier and Forsyth (1999) noted that HIV risk-taking is a consequence of gay men simply wishing to be empowered and part of the same community as their peers. Graydon (2007) found that some Internet messages from gift givers clearly eroticize their HIV-infected body. For example, a dual message provokes fascination with an infected body and the gift of death, in order to become pregnant and start new life. The infected body can "charge you up" with "high-voltage" (i.e., highly infectious) and a new "spark for life" (p. 283). The erotic encounter includes a man who is a "hot" or "radioactive and nuclear", all images suggestive of heat, vitality, and life, glorifying the risks.

Which partner is responsible for ensuring safe sex is also a matter of opinion. Sex was not considered risky when the HIV status of both partners was disclosed, according to O'Leary and Wolitski (2009). Their findings suggest considerable ambiguity about who in a sexual encounter holds the responsibly for asking about or voluntarily disclosing HIV status. An underlying assumption in the gay male community is that men who engage in unprotected receptive intercourse must be HIV positive. In contrast, men who perform intercourse on other men without a condom must be HIV negative.

Gay men hold a wide array of beliefs and practices about unprotected sex (Dean, 2008, 2009, Schilder et al., 2008; Tewksbury, 2003; Tomso, 2008). For example, according to Pinkerton and Abramson (1992), for risky sex to be rational, the decision maker's fear of HIV/AIDS must be relatively small compared to the fulfillment expected from the sexual act. O'Leary and Wolitski (2009) found that risks are often overlooked because worrying about risks and the burden of responsibility diminishes the sexual experience. Crossley (2002, 2004) found that some gay men are drawn to risky behaviors as a symbol of a psychological rebellion. Several other researchers have concluded that perceptions of risk are overridden by assumptions of seroconcordance wherein sexual risk is of little importance (Golden, Brewer, Kurth, Holmes, & Handsfield, 2004; Parsons, Halkitis, Wolitski, & Gomez, 2003; Parsons et al., 2006; Wolitski, Parsons, & Gomez, 2004).

Loneliness and the Bug Chaser

The subjective meaning of loneliness is immense. A good example of this breadth is from Tewksbury (2003), who determined after analyzing 880 Internet posts

and profiles that only 33% of the sexual-seeking postings also indicated a hope to establish long-term relationships. It could be argued that loneliness leads to bug chasing because any companionship is better than no companionship. Drawing on the work of Crossley (2004), despite what is unknown about the true meaning behind bug chasing, one still must appreciate when behaviors may become "self-defeating, damaging, or even suicidal" (p. 242), regardless of loneliness. Bauermeister and colleagues (2009) evaluated face-to-face interviews (conducted by clinical psychologists) to gain an understanding of the decisions that drive some gay men to bareback. They found that when attempting to cope with HIV, psychosocial vulnerabilities such as anxiety or loneliness had strong correlations with gay men's decisions to have safe sex or not to have safe sex. They noted that HIV-positive men were significantly more likely to assign some sort of benefit to bareback sex as a way of coping with vulnerabilities like loneliness.

Shernoff (2005) posited that engaging in high-risk sex is often symptomatic of an intrapsychic, interpersonal, or communal distress, and that some gay men engage in unsafe sex in response to loneliness, isolation, and a nihilist malaise. Loneliness, Shernoff reported, signifies the unmet intimacy needs and feelings of alienation that often occur in the gay male community. Whether bug chasers are actually depressed also factors in how effectively they deal with their loneliness and in their ability to deal with unmet intimacy issues. Loneliness may lead to decreased vigilance about sexual precautions such that the transmission of HIV is greatly increased. Cole (2007) noted that loneliness in association with bareback sex could lead to a quality of relating that can "enliven an inner deadness" (p. 52). As in the case of one of Cole's clients dealing with

his HIV, "…barebacking—passively exposing himself to danger and surrendering to risk—carries his hope to conquering death…" (p. 65). The complex intrapsychic nature of barebacking, well beyond the borders of the physical sex act itself, suggests deep and profound meanings that are not well understood.

Political Activism and the Bug Chaser

Crossley (2004) argued that barebacking behavior might be one manifestation of a resistance or "transgressional habitus" (p. 225) that has remained a consistent feature of gay men's individuality since the early days of gay liberation. This resistance was compounded exponentially in the wake of the HIV/AIDS epidemic and the years of safe-sex mandates and health care initiatives that grew out of the epidemic. In ethnographic research relating to health promotion and gay men, Crossley (2004) discovered that gay men who partake in unsafe sexual practices might actually be engaging in symbolic of acts of rebellion and transgression against dominant social values. Crossley asserted that because of an increasing hostility and skeptical stance toward the relentless efforts of health promoters, a "psychological reactance" among some gay men resulted in pressures to re-establish the threatened or lost freedom (p. 227). According to this line of thinking, one way to re-establish the freedom is to engage in the proscribed behavior. However, Crossley stated that this symbolic act might be one of which men are not necessarily consciously aware. Crossley viewed psychological feelings of rebellion against the dominant social order as undermining the subjective complexity of sexual behaviors that many aimed to eliminate. From this resistance is born a feeling of freedom and independence, as well as protest.

To understand and gain further insight into ideas of resistance and transgression and the cultural psyche of select gay men, Crossley (2004) sought to discover the underlying themes of sexual behavior and health in the context of liberation before, during, and after HIV/AIDS. Tapping into the psychological reactance theory of Brehm (1966, 1981), Crossley (2004) believed that a lost freedom (e.g., sexual freedom) sparks reaction. The more important that the freedom is, the greater the reaction that is needed to secure it. In the case of barebacking as sexual freedom, one method of recovering the freedom is to engage in it, even if the freedom portrays a risk. Thus, health promotion backfires. Viewed in another light, Crossley (2004) remarked, " if health promotion attempts are perceived as attempts at censorship, reactance theory would predict that health promotion messages will actually increase the motivation to engage in 'unhealthy' or 'risky' behaviors" (p. 228). Likewise, Tomso (2008) asserted that whenever health promotion puts unwelcome restrictions on the practice of sexual freedom, the risks of counterproductive actions rise. This relationship is particularly noteworthy if one thinks beyond the immediate response to health promotion to the issue of long-term survival of the community.

Gauthier and Forsyth (1999) reported, "the discrimination and moral disdain to which gay men are subjected are viewed by some bug chasers as forces that literally push them to respond in such a politically charged way" (p. 95). Consequently, those who come to accept as part of their identity the public's designation of the pejorative label (e.g., *deviant*, *outcast*) will fulfill the negative prophecy, even adding weight to the original stigma cast upon them by indulging in more unthinkable acts such as the transmission of disease.

Bug chasing as political activism is a disconcerting concept. Compared to the three motivations of fear and relief, risk-taking as eroticism, and loneliness, political activism as an explanation for intentional HIV infection centers around transgression and resistance in which some gay men refuse to gesture to sacrifice; thus, the unconscious force of gay men's non-normative, powerful, libidinal desires might overpower them. It could be argued that, at least according to Crossley (2004), the better the transgression is understood, the more likely the political fallout of retaliation will be understood.

Masculinity and the Bug Chaser

Nothing may be more profound in the investigation of bug chasing and barebacking than the idea that so called "real men" are not afraid of HIV or unsafe sex. Further, in reference to unsafe sexual encounters, perhaps real men "take it like a man" (Dowsett et al., 2008, p. 127). Several researchers have investigated the link between masculinity, body image, and the reported effects of masculine ideals on gay men and bug chasing (Dowsett et al., 2008; Harrison et al., 2006; Fontdevila, 2006; Halkitis, 2001; Halkitis et al., 2004; Holmes et al., 2008; Sanchez et al., 2009). Yet recalibrating masculinity remains a timely need. To do that, is critical, however, to understand how ideas about gender and masculinity are processed.

To delve into the literature specifically about heterosexual men, HIV, and masculinity is beyond the scope of this study, but one factor is noteworthy. Gender for men has a strong link to sexual bravado, regardless of sexual orientation. A man's sexual arousal, at least according to Fontdevila (2006), is linked to what it means to be a man, and his perceived sexual arousal signifies his manhood to himself and others. In this

way, heterosexual men appear no different from gay men regarding the issue of safe sex and condom use. According to Fontdevila (2006), the use of condoms makes it difficult for a man to save face (p. 588). A request to wear a condom crosses that line and can be viewed as an affront to their masculinity. Consequently, a heterosexual man is thought to be acting "normatively oriented" if he protests condom use because condom use threatens his masculinity (Fontdevila, 2006, p. 588). Goffman (1963) might describe this refusal as the need for men to preserve face and to reassert their masculine identity when pressured into using condoms. For example:

> A heterosexual man is considered to act 'normatively oriented' regarding sexual HIV risks when he believes that condom use poses a threat to his masculine face. In other words, he believes that condoms are inappropriate in his relationship, and following habitual masculine scripts of sexual control and initiative, he may experience distress when condoms are requested by his female partner. (Fontdevila, 2006, p. 588)

Additionally, the reasons for bug chasing are thought by some to be tied to management of stigma and the links to the spoiled identities that gay men feel (Goffman, 1963). For the bug chaser, this behavior can garner considerable rewards. In fact, according to Scarce (1999), bug chasing is a deliberate way of creating kinship links in the face of stigma, such that maintaining one's culture takes precedence over one's own survival. Further, Scarce noted:

> Distinct from infrequent slip-up, drunken mishap, or safer sex relapse, barebacking represents a conscious, firm decision to forgo condoms and, despite

> the dangers, unapologetically revel in pleasure of doing it raw. Some people use barebacking to describe all sex without condoms, but barebackers themselves define it as both the premeditation and eroticization of unprotected anal sex. (1999, p. 52)

The stigmatized gay man frequently finds himself torn over what he ought to be—his ego identity or what is dictated by society. This conflict has significance for the success of campaigns to reduce the frequency of barebacking and bug chasing. As suggested by Fontdevila (2006), a struggle exists. Inner conflicts between protective and non-protective sex worsens attempts to minimize sexual risks.

Historically, the *masculine* label was reserved for heterosexual men, while the gay man was by some standard viewed as effeminate. However, Sanchez and colleagues (2009) argued that, although *masculinity* is a descriptor commonly used in everyday language, one group that may have a distinct masculinity ideology is gay men. Gay men are reported to break from traditional masculinity ideology mainly "because of their affectional [sic] and sexual orientation" (Sanchez et al., 2009, p. 3). After completing an exploratory descriptive study that included 547 male responses to six survey questions, these researchers concluded that masculinity characteristics affect self-image and relationships, including sexual relationships. Specifically, sexual assertiveness and aggressiveness tended to be associated with masculinity. Similar to Fontdevila, (2006), Sanchez and colleagues (2009) found that male sexual promiscuity was viewed as normative.

According to Graydon (2007), if a man is a bug chaser, he evokes a "masculine archetype—the Marlboro Man" (p. 280). While facing danger on his own terms, he

celebrates independence. After reporting on more than 500 Internet messages, Graydon reported that the level of control and risk management demanded by safer sex might be incompatible with a gay male sexual ethic that equates impulsive and uncontrolled sex as an essential characteristic of masculinity.

Halkitis (2001) argued that the HIV/AIDS epidemic forced gay men to reexamine their sexuality when they discovered that, while condoms served to save lives, they also served as impediments to the emotional side of sex. To this point, several participants in structured interviews discussed how achieving sexual prowess was akin to a reaffirmation or demonstration of their masculinity. One of the participants commented, "HIV-positive men take advantage of sexual opportunities more than HIV- negative men, perhaps because they feel due to their status they may get less opportunity in total" (p. 421). The emphasis on masculinity was also manifested in the sexual behavior demonstrated by several HIV-positive men, in that sexual adventurism and frequent sexual contacts were suggestive of the one mechanism that was available to affirm their masculinity. Dean (2009, p. 55) reported extensively about men who brag about being "pigs"—men who want as much sex as possible, solo or in groups, ultimately committing themselves to sexual excess. From the same website, Dean noted in contrast, "Who's afraid of the big, bad, bug?" are those who are not man enough to take it [HIV]" (p. 55). Metaphorically speaking, masculinity becomes a "toy box" full of words and phrases, "terms and slangs, images and ideas, pejoratives… metaphors… pleasures… shattered and transfigured in the service of sex, its pleasures and its relations" (Dowsett et al., 2008, p. 132). Collectively, several researchers have uncovered a mix of authoritative enunciation from

websites and research participants about levels of determination with varied indexes of masculinity—a complex matrix not yet fully understood.

Discussion

There is no single expert on the topic of gay male sexuality, especially as pertains to bug chasing and intentional infection with HIV. However, one author appears to have thoroughly written about bug chasing without falling into public criticism or claims of sensationalism and exaggeration. Rather, this writer presented ideas akin to those found in the peer-reviewed literature reviewed for this dissertation. The 2009 book, *Unlimited Intimacy: Reflections on the Subculture of Barebacking*, presents a riveting investigation into barebacking that serves as a model for this summary and discussion. The author is Professor of English and Director of the Humanities Institute at the University of Buffalo, Tim Dean, who challenged the conventions of traditional academic work in focusing on trying to understand barebacking and bug chasing. As close to the truth as he could get, Dean further defined what some might regard as a shibboleths of select gay men.

Dean articulated what happens when gay men are "bombarded" with "conflicting social messages" (p. 3). His three provisional categories of barebacking are dependent on a man's attitude: 1) barebacking with the desire or intention to not transmit HIV; 2) barebacking with indifference to HIV; and 3) barebacking with the desire or intention for viral transmission (p. 12). He charts a new avant-garde respectability for sexuality scholarship, and attempts to understand the bug chaser through Jacques Lacan's (1955–1956) theory of the symbolic order—a truth that cannot be grasped by bounded

knowledge alone. Dean bridges sexuality *vis-a-vis* social and cultural domains about coming into being by way of the other, thus detailing the cultural systems of meaning.

Regarding gay male sexuality and HIV, Dean argued that it is more unhealthy to live in a permanent state of terror of HIV than to live a life that treats HIV as an "occupational hazard: HIV comes with the territory of being gay and sexually alive" (p. 55). Regarding barebacking and bug chasing, Dean agreed with many researchers that the categories of intention, behavior, and identity remain fundamentally misunderstood. A caveat reinforced by Tomso (2004) is that clear distinctions between barebacking and bug chasing at this point in time defy general understanding and explanation. Tomso (2004, 2008) believes that what is known thus far is inadequate for grasping what truly motivates the bug chaser. Albeit extreme, barebacking and bug chasing are viewed by some as a creative method of tattooing a man from the inside. HIV-infected semen representing the vector, or ink, with which a man can be permanently labeled (Dean, 2009, p. 77). The kinship represents a new social organization, a new brotherhood etched into the body.

Dean's work identifies a major shift in trying to understand what motivates bug chasers. To the bug chaser, securing HIV may be a rite of passage into a fraternal community from which one can never be exiled (Dean, 2008). To some others, the mark of HIV is a battle scar, and once the bug chasers secure their "war wound" (Dean, 2008, p. 85), then they have deliberately created a kinship link. The exchange of gifts exemplifies one means by which some cultures organize social bonds and maintain relationships (Dean, 2008); in this case, the intentional transmission of HIV as a gift fulfills a social goal of gift giving.

With this mindset, HIV is viewed as a positive, desired gift of identify shared within a society. This mentality presents a new danger to HIV prophylaxis, and if left unaddressed, it stands to further change the face of HIV/AIDS. Dean (2009) believed that the motivations of the current-day bug chaser are wildly divergent from the sexual promiscuity of the era before HIV/AIDS . Now, the intention of disease transmission supersedes all sense of corporeal integrity or sexual pleasure. HIV activists, public health organizations, and healthcare providers on the front lines must begin to realize that the old messages of "safe sex" hold no value for men who are bug chasers. New methods for outreach and education about minimizing risky sexual behaviors are necessary to keep patients emotionally and physically healthy. In addition, an understanding that these men's behaviors have a direct impact and are a direct reflection of how they feel about themselves and their community as a whole warrants consideration. History from the 1980s has already suggested a misunderstanding of a man's view of himself and sexuality. At one point, "too many of our young men, for example, boast of having gonorrhea and regard it, if not as a matter of pride, as one showing that they know their way about and are men of the world" (Brandt, 1985, p. 155). Thus, the question left for now is: What can be learned about the bug chaser? Although the amount of literature about bug chasing may be limited, and the population of bug chasers may be small, these men are real—and they are significantly challenging what it means to be a gay male in the 21st century

Summary

Understanding bug chasing requires suspension of judgment. Although the decisions made by men to seek HIV are deliberate, it does not mean that these decisions

can be explained fully by conventional or rational choice modeling. In addition, it is possible that current research and the general public lack the right language to diminish or erase a propensity to view bug chasers as aberrant. Also possible is a lack of ability to describe an unconscious wish (i.e., seeking to become HIV positive). The study of this subculture of gay men will certainly also raise questions about the relationships of the otherwise dominant gay male culture. Bringing the desires of being HIV positive into being will not be simple; perhaps it is not yet possible to linguistically and definitively understand the metaphor of bug chasing.

What is known is that the barebacking subculture offers a unique permeable form of social organization (Dean, 2009). Thus, even within one culture—in this case the gay male culture—the view of bug chasers needs to be thoroughly examined. Moreover, and most importantly, it seems that the challenge is with using the known to reach the unknown. In other words, how can effective methods of prevention be used to understand those who resist those methods and act in the contrary? To demonstrate this point, investigating an alternative understanding of how some gay men navigate their life in the context of HIV will require rethinking in more complex ways than customary models suggest; it bears repeating that suspension of judgment will be critical in trying to understand the bug chaser.

Chapter 3: Methods

Theoretical Framework

Unless people are jolted out of their accustomed ways of thinking, it is unlikely that they can ever defy cultural norms. Challenging societal expectations walks hand in hand with defying the cultural norms promoted by the mainstream. To understand life beyond the mainstream, it is critical to suspend knee-jerk judgments that label a behavior as *deviant* or *wrong*. Although the bug-chaser/gift-giver relationship does not promote optimal physical health, nurses cannot allow this fact to override their professional duties to treat these men with compassion and understanding. It is not the nurses' job to function as arbiters on the morality of bug chasing and gift giving. Casting judgment will continue to trigger resistance from this segment of the gay male population. Herein lies the crux of this doctoral dissertation, with its basis in queer theory. It is only by asking uncomfortable, vexing questions that one can shift the paradigm to understand the gay male bug chaser. Now, 31 years into the HIV epidemic, might be precisely the time to research bug chasers in order to reconceptualize the epidemic, demystify the bug-chaser/gift-giver dynamic, and carve out a new way to represent bug chasers in the gay male sphere. At the very least, this population needs understanding.

The review of the literature for this dissertation has revealed many critical points. Although the lives and experiences of bug chasers are quite varied, their behaviors are consistently labeled with terms such as *wrong*, *absurd*, *unbelievable*, and *unfathomable*. Many gay men worked tirelessly through the 1980s and 1990s to save lives, to surpass

the crisis of death, and, some may argue, to move beyond blame for the disease. At the pinnacle of the disease, the gay community embraced the concepts of safe sex and HIV prevention and brought these efforts to the mainstream. Today, however, those same pioneers are bewildered to see their collective efforts to safeguard their community threatened by the very behaviors that they thought they had already overcome. How heavily and quickly society pointed the proverbial finger of blame for HIV toward gay men continues to be a formidable barrier to triumph. After the terror and loss in the mid-1980s and the blame for a catastrophe such as HIV/AIDS, a significant shift in mentality is required among contemporary gay men to rebuild the community over the long-term future.

This shift will require confrontation and pushing beyond the boundaries of the comfort zones, as well as requiring contemplation of the entire concept of identity. To capture this shift, this dissertation is framed through the lens of queer theory. Since the discovery that some gay men go beyond the boundaries defined by mainstream society when intentionally trying to become HIV positive, both the research and health care communities must seek to understand them with a keener outlook. Therefore, a link between queer theory and smashing boundaries establishes itself as the appropriate framework for this investigation of gay male bug chasers.

Queer Theory

The use of gender theory, more specifically queer theory, allowed examination of a range of possible explanations for bug-chasing behavior. Queer theory is a nascent theoretical model developed from other more traditional lesbian and gay studies (Jagose,

1996). Queer theory intentionally debunks the notion of stable sexes, genders, and sexualities, allowing discourses of homosexuality and homosexual behavior to move beyond arguments in favor of and against bug chasing.

Defining Queer Theory. Some basic tenets about queer theory challenge identity categories and suspend the classifications of lesbian, gay, bisexual, transgender, and even masculine and feminine (Abes, 2008). Rather than grouping people into categories, the tenets of queer theory hold that it is better to think more fluidly. Queer theory also challenges assumptions of normal and deviant behavior, especially regarding sexuality and gender; according to Thurer (2005), quoting queer icon Michel Foucault: "only sex acts and practices matter, that is, bodies and pleasure, …not gender identity or sexual orientation" (p. 98). Queer theory concerns itself with the way that, across books, films, and all types of literature, a culture describes and informs an understanding of experiences of sexuality and life. Thus, the application of queer theory, or *queering*, involves critically engaging with cultural artifacts that come from mixed sources of literature.

Despite many years since the inception of queer theory, a simple definition remains elusive. Queer theory intentionally and abruptly destabilizes an essentialist conception of sexual and gendered identities and theories. It attempts to undermine the discourse of gay/straight sexual categorization, and most importantly, the limitations that the homosexual/heterosexual divide places on a person's identity. Queer theory refutes the concept of an identity politics that attempts to construct a unitary entity, and the theory challenges binary arguments about whether or not bug chasing and gift giving are wrong.

Queer theory calls for diversity that surpasses the notions of identity. In one regard, queer theory radically questions social and cultural norms, while aiming at clearing the ground for the establishment of pluralism. In another regard, queer theory refuses to accept a fixed sex-gender label and asserts that sexual orientation and gender identity are, over time, culturally invented—coincidently, as this dissertation argues, so too is bug chasing. Queer theory rejects all hierarchical categories. When free of damaging hierarchies to which people feel compelled to adhere, individuality comes to life. In some regards, queer theory validates that the men who sought HIV on purpose are free to resist society's badgering regarding safe sex and prevention of HIV transmission. The literature shows that some gay men are fatigued from adhering to society's insistence to practice safe sex all of the time. Hence, one might argue that if a gay man wants to be HIV positive, so be it. Holding firmly to a postmodern view, it is best to view *queer* as liberation from an identity while doubting the grand narratives of sexual orientation and gender identity. Queer theory is postmodernism applied to sexualities and gender; it emphasizes that sexual identity and gender orientations are never definite, finite, or still.

Queer theory also forces one to ask the most basic questions about how society organizes itself. From this perspective then, the scholar's objectives include: 1) debunking the homosexual/heterosexual binary; 2) de-centering of identity politics; 3) asserting the open, fluid, and non-fixed nature of sexual categories; 4) resisting normalizing strategies; 5) recognizing how versions of homosexuality are inscribed everywhere, even in heterosexuality; and 6) refuting the deviance paradigm as an explanation for sexual and gendered behaviors. No single way exists to articulate vast

individual meanings that vary so greatly. In other words, it is a massive undertaking for one man to describe his desire for freedom, his freedom from rules, and his freedom from guilt and culturally defined parameters, without attaching some commonly accepted label. For some people, without a label to use, they simply lack the ability to speak of, or clarify, what it is they are trying to describe. This lack is largely because labels either inform or are informed by some kind of dichotomous understanding, particularly when linked to sexual identity, and sexuality. The gay male culture is no different—from within it, one can assume that the so-called normal gay male would never want to be HIV positive. Labels in and of themselves have a powerful presence.

Gay male identity, then, presumes a particular stance toward HIV. It is taken for granted that "normal" gay men act to prevent HIV infection, practicing safe sex in a culture so heavily affected by HIV. Consequently, safe sex behavior embedded so deeply in the gay male culture, has also become almost invisible. In other words, the safe sex argument is everywhere, such that it dominates the culture; however, this argument also risks being oppressive. Therefore, using this distinction in the same-sex sexual relationship, or the safe-sex relationship, it is accurate to presume sexuality is a discursive construct that has been culturally established, thus one is culturally accepted, while the other is excluded. Consequently, one operates as a detriment to the other; one is normal, while the opposite is not. Neither of which are articulated without labels, even for gay men.

Queer Theory in Context of Intentional Seroconversion. It is this conflicted relation that ultimately accounts for extremes in acknowledging how some gay men construct meaning and identity and that shapes the ordering of their desires, sexual

behaviors, intuition, and relationships. One of the richest examples of such an understanding is in learning about gay men who are sexually active, and who might intentionally use sex with other gay men as a means to seroconvert or spread HIV. Against the backdrop of years of safe sex campaigns in gay male communities is the expectation of conformity. Conformity, however, suggests a dictatorship rather than a choice or a natural inclination. Nonetheless, conformity as such, argues that it is unnatural to intentionally seek HIV. Gay men ascribe unnaturalness to the desire for HIV infection; wanting HIV infection therefore positions any gay man seeking HIV against the rest of his community, which is working against the spread of HIV. The very same binary that shadows an obligatory relationship between men and women reaffirms patriarchal values and pits adherents to safe sex against those who practice unsafe sex in an effort to become infected. Those men seeking HIV will never be victorious.

Rethinking gay sexuality in all its complexity is only possible by stepping away from labeling bug chasers as *aberrant*, *ugly*, and *imbecilic*. The point is to open the understanding as a means to allow the possibility of moving away from fixed notions as the assumed foundations of identity and social relations. With this action, one can successfully change the understanding of stories that have been told across the popular press and empiric literature about men who intentionally seek HIV, and thus one can be open to new discoveries in this research.

Closed definitions do not accommodate everyone. Whereas theories that are more traditional hold that a distinct set of properties or characteristics that one must possess is necessary in order to be labeled as part of a group, queer theory suggests the opposite. Queer theory offers a fluid set of possibilities that expands thinking beyond the one-way-

or-the-other binary approach. Chapter 2 of this dissertation, the literature review, demonstrates that some gay men see bug chasing and gift giving as a means of fitting in to their expanded view of the gay male community. In that vein, queer theory is less about identity and more about a critique of identity concepts. To be a gay male and to not be HIV positive possibly erodes a sense of community in the mind of the bug chaser. Queer theory promotes an unprecedented expansion of lesbian and gay studies and refutes the traditional thinking that demands adhering to rigid conceptions of sexuality. Queer theory pulls the curtain back on those whose lives are considered outside the norm, and the theory further provides a framework of legitimacy for researchers to question the presumptions, values, and viewpoints on the more taboo topics that might otherwise remain unchallenged. For this doctoral dissertation research, queer theory has allowed a more fully informed study while analyzing gender and sexual identity as distinct from disease.

Finally, there are convincing arguments that framing this dissertation through the lens of queer theory is both logical and academically wise. Nurses, health care providers, and the community at large must shift their perspectives and fully acknowledge the diverse realities of contemporary gay men's lives. The failure to change with the times and work with gay male bug chasers, in the realities of their present experience of the HIV epidemic, is not without cost. Gay men too young to remember the 1980s are at odds with middle-aged and older gay men who have to find ways to come to terms with their recollections and experiences of the decimation of HIV/AIDS. One great irony of time is that if middle-aged and older gay men are ever going to be able to understand the younger bug chaser, they need either to sacrifice their own adjustment and acceptance of

the epidemic or to recalculate their involvement in their community life. A queer theory perspective allows for the supposition that for a young gay male bug chaser, there may be no adjustment or recall to sacrifice and no need to anesthetize his emotions; if he wants to feel connected to his community, he may purposefully become HIV infected.

Instead of bemoaning the failures of gay men who do not follow the life path dictated by those who lived through the AIDS crisis of the 1980s and 1990s, a queer theory framework allows researchers to examine the pleasures and meanings that bug chasers experience in their pursuit of HIV. Understanding the roadmaps by which bug chasers travel requires learning how the forbidden becomes desired and how that which is taboo produces cravings. Research is needed that can bring many untidy matters into a more aligned and understandable view, and this research is only possible when viewed through a queer lens.

From the hidden men whose life stories I was privileged to hear during the conduct of this research comes a deeper understanding of life patterns encompassing the intentional pursuit of HIV infection. Given all that I believe about the power and risks of labels and the danger of dichotomies, for this research itself and in the rest of this dissertation, the label *bug chaser* has been omitted.

Purpose of This Research

The purpose of this narrative study was to understand the life experiences of gay men who intentionally seek to become HIV infected. Using queer theory as its framework, the study was constructed from these research questions:

1. What are the life-stories of gay men who have sought or who are currently seeking HIV infection on purpose?
2. How do these men describe and give meaning to sexuality and HIV?

Setting and Sample

Recruitment Sites

The setting of this study was in Center City, Philadelphia, Pennsylvania. Philadelphia offers a rich and diverse lesbian, gay, bisexual and transgender (LGBT) population. Two prominent health care networks were the chosen sites to recruit participants for this doctoral dissertation research.

First is the Mazzoni Center. Mazzoni Center is the only health care provider in the Philadelphia region specifically targeting the unique health care needs of the LGBT population. Founded in 1979, it is also the oldest AIDS service organization in the Commonwealth of Pennsylvania and the fourth oldest in the nation. Mazzoni Center has combined HIV/AIDS-related services and health services. With more than 10,000 individuals benefiting annually from their services, Mazzoni Center is a large resource for gay men living with HIV. Mazzoni Center is conveniently located within blocks of where the researcher was employed during data collection, at the Thomas Jefferson University, Jefferson School of Nursing. Mazzoni Center Medical Director Dr. Robert Winn and the team of physicians and nurse practitioners providing care to HIV-positive

patients at the Center collaborated in freely distributing recruitment fliers at Mazzoni Center.

A second network of health care and social services centers for people living with HIV/AIDS distributed recruitment fliers as well. Mr. Kevin Burns, LCSW, Executive Director of ActionAIDS, supported this research. ActionAIDS started in September 1986 when a group of 84 committed volunteers came together to form a community of care to provide services to people with AIDS. ActionAIDS is a four-center network of facilities providing medical case management, and social services support. ActionAIDS team members work in collaboration with many Philadelphia area health care providers, including Mazzoni Center. ActionAIDS currently serves more than 4,000 clients per year through the efforts of more than 350 dedicated volunteers and 84 professional staff offices in four unique settings in greater Philadelphia.

Recruitment Procedures

This study recruited through purposive sampling, a deliberate approach known to find participants capable of providing rich information about the study phenomena (Kako, Stevens, & Karani, 2011). Both voluntary enrollment through flier advertisements and a snowballing recruitment strategy were used because snowballing is well suited for hard-to-reach populations. Moreover, locating information-rich key informants is known to come from a small number of core cases, or a small number of well-situated people (Patton, 2002).

I recruited initially through flyer (Appendix C) distribution at the Mazzoni Center and ActionAIDS. In these settings, clients are accustomed to reading about local research opportunities posted on cork wallboards in waiting areas. Professional networking and snowballing through the Mazzoni Center and ActionAIDS also spread news of the research by word-of-mouth. It was up to interested parties to initiate a phone call to learn more about enrolling in the study.

In a second wave of recruitment, I invited study participants to spread word of the study to persons they knew who might qualify to be in the study. This effort was aimed at reaching a more clandestine population who might not be in care, who might not have become infected yet, or who might not have noticed the fliers at the selected health care centers.

I purchased a new private cellular phone, and a unique new cellular number, devoted to this study, and this study alone. Through AT&T wireless service, I was able to construct a unique phone number (267-847-8839 / 267-84 STUDY), which was found on the recruitment flyers. No one other than me ever used the recruitment telephone. To answer the phone required a password. The voice message greeting on the phone clearly noted that the phone number was devoted to a scientific study. If I was unable to answer the phone when a call came in, or if I ever missed a call, the voice message greeting indicated my name and that this study was a professional research study sponsored through the University of Wisconsin- Milwaukee. The greeting clearly noted the phone was not a phone for personal use. It asked callers to leave a private number and to note the best time to call back. The phone number remained active for 12 months.

Participant Inclusion and Exclusion

Inclusion criteria for participation were men who: 1) are age 18 years and older who have sex with men, 2) identify as gay, 3) are conversant in English, and 4) are intentionally seeking to become HIV infected or have intentionally sought to become HIV infected in the past. Excluded were men from my clinical practice. No exclusion criteria were related to HIV status or medical condition. Both those who had intentionally seroconverted and those who were seeking to do so were eligible. It did not influence eligibility whether or not a man had AIDS, or, if he was currently in medical care, or, taking highly active antiretroviral therapy (HAART). I made every effort to invite men of color and low-income men, which proved to be quite successful.

Participant Enrollment

Three participants initiated enrollment after seeing flyers at the Mazzoni Center, four participants enrolled after seeing fliers at ActionAIDS. The rest of the participants (n=11) came to the study via word-of-mouth from prior participants. Chain referral sampling wherein initial participants spread word of the study in their associate networks limited racial diversity. In addition to the 18 men who participated in the study, five other volunteers contacted me in response to flyers, but they did not meet inclusion criteria and so were not enrolled.

All 18 men enrolled in the study successfully completed the series of three interviews conducted at 1-month intervals for a total of 54 interviews. The first participant (Fyodor, P01) started the interview series in December 2011 and completed in February 2012. The last man to enroll in the study (Thornton, P18) met me for the first

time in February 2012, and his last interview was in April 2012. A description of the sample can be found in Chapter 4.

Data Collection

Bloomberg and Volpe (2008), Hall and Stevens (1991), Mishler (1986), Riessman (1993; 2008), and Stevens (1996a) all reported in various manners that interviews offer the greatest potential for capturing persons' perspectives of their experiences. The seminal work of Riessman (1993) guided my personal interview approach. Riessman's work was most appropriate for studying subjectivity and identity about men who sought HIV infection on purpose. As Riessman (1993) articulated, "it is precisely because of their subjectivity—their rootedness in time, place, and personal experience, in their perspective-ridden character-that we value them [interviews]" (p. 5). In between each interview, both the researcher, and the participants would have many opportunities to reflect on the shared stories. Importantly, the participants may have had a shift in recall or consciousness about what they shared the previous month about their pursuit of HIV, or the researcher had many opportunities to re-listen to the interview WAV audio file and repeatedly wonder what was offered in story.

The overall goals of the interviews were to elicit narrative stories about each man's decisions to seek HIV and his acceptance or regret of seeking HIV. Further, hearing the stories about each man's life before and after HIV, based on what he wished to express about his pursuit of HIV, proved to be very real, very true, and very powerful. The designed questions opened the line of discovery—the informant's story—about issues that were important to the participant about intentionally seeking HIV. According

to Riessman (1993), "Narrativization tells not only about past actions but how individuals understand those actions, that is, meaning" (p. 19). As today is far from the days when HIV/AIDS was a death sentence, part of this research aims to understand how HIV has changed over time and how gay men view the past and its connection to their desire to seek HIV.

The primary way in which people make sense of their experience is by casting their story in narrative form (Mishler, 1986): "Telling stories is far from unusual in everyday conversation, and it is apparently no more unusual for interviewees to respond to questions with narratives if they are given some room to speak" (p. 69). Each person's identity presents a unique idea of self, a unique story, As noted by Mishler (1999), "Our identities are defined and expressed through the ways we position ourselves vis-à-vis others along the several dimensions that constitute our networks of relationships" (p. 16). This approach to capturing these narrative data worked well for this study seeking to hear individual men's stories.

Thus, a simple question such as "Can you tell me about yourself?" without the interviewer mentioning HIV proved a fruitful opening to the interview series. The interviews continued to be guided by open-ended questions because "the best way to learn about people's subjective experiences is to ask about them in open-ended ways" (Kako, Stevens, & Karani, 2011, p. 281). Consequently, easing into HIV-specific risks during the second interview, then linking life history and HIV experience to participants' views on their own identity on the third interview, seemed most logical and allowed trust to be built between the interviewer and participants.

Series of Interview Questions

The series of interview questions follows here.

Interview 1: Getting to Know the Participant

The purpose of Interview 1 was to get to know each man in the study. Ideally, he would look back over his life, before HIV ever came into it, and wrap around this idea his personal life circumstances, his support persons, and his outlook on life. I imagined that the stories would be different depending on the man's age and his exposures to HIV over time; thus, establishing personal history is important to this research. The questions asked for Interview 1 were:

1. Can you tell me about yourself?
    a. This open-ended question was aimed to uncover linkages with religion, race, sexual identity, city born and raised in, high school and college status, work and career, and political engagement, for example.
2. Can you tell me about your family?
3. Can you tell me about your friends?
4. Can you tell me about your lovers?
5. How about your involvement with the gay community—what is that like?
6. Can you tell me about your health?
7. Sex is an important aspect of life—can you tell me about when you first had sex with another man?

8. What were your early sexual experiences like?
9. How about your sexual life more recently—what has it been like?
10. In general, what is life like for a man of your age?
11. How does HIV interplay in your life as someone your age?

Interview 2: Life in Context of HIV

The purpose of Interview 2 was to encourage discussion about the pursuit of HIV. To clarify the real meaning behind these gay men seeking HIV, this researcher asked each study participant what he understood about his past or current action in seeking HIV. The next set of questions framed an understanding into each man's risks-taking behaviors that also examined the values that intentionally seeking HIV placed on sex, health, and life spans with HIV. A secondary aim was to understand each man's view on the norms of gay society in context of HIV. These questions were quite sensitive, so credibility and confidence in the researcher was paramount. Thus, opportunities to discover linkages between these facets of his life were important. The first four questions asked of each man in the study regardless of his HIV status were:

1. Before we begin today with new ideas, does anything come to mind from when we last met that you would like to share with me today?
    a. How have you been since we last met?
    b. The last time we met, you said that… Can you tell me a little bit more about what you meant by…?
2. Today I would like to learn more about your life amongst HIV. Can you tell me what HIV means to you?

3. Tell me what you know about men getting HIV on purpose.
4. What are your hopes for the future as far as HIV is concerned?

After this point in the interviews, the subsequent questions asked varied depending on his HIV status. For most of the sample who were already HIV positive *(n*=16), I asked the following questions:

5. How did you come to be HIV positive?
6. How do you feel about being HIV positive?
7. Before you became HIV positive, had you ever taken actions to prevent getting HIV?
8. Can you tell me about some of the actions you had taken to prevent getting HIV?
    a. What were those experiences like for you?
    b. What were the difficulties you encountered in trying to prevent getting HIV?
9. Before you became HIV positive, had you ever taken actions to get HIV?
10. Can you tell me about some of the actions you had taken to get HIV?
    a. What were those experiences like for you?
    b. What were the difficulties you encountered in trying to get HIV?
11. Thinking back on times when you wanted to become HIV positive, what was important to you about being HIV positive?
12. Thinking back on times when you wanted to become HIV positive, what were you imagining it would be like to be HIV positive?

13. Have your hopes and desires about being HIV positive been fulfilled?
    a. If yes, how so? Can you tell me more about that?
    b. If no, what has not worked out so well about being HIV positive?
14. What is it like for you, now, day-to-day, living with HIV?
15. What do the important people in your life think about you being HIV positive?
16. What have the important people in your life thought about your efforts to become HIV positive?
17. Do you know other men who have had similar feelings and experiences as you?
18. What is it like for you, now, day-to-day, being HIV positive?
19. What is it like for you, now, day-to-day, to tell people you have HIV?

In only two cases where the man was HIV negative, I asked the following questions instead:

5. Have you ever taken actions to prevent getting HIV?
    a. Can you tell me about some of the actions you have taken to prevent getting HIV?
    b. What have those experiences been like for you?
6. What difficulties have you encountered in trying to prevent getting HIV?
7. Have you ever taken actions to get HIV?
    a. Can you tell me about some of the actions you have taken to get HIV?

b. What have those experiences been like for you?

c. What difficulties have you encountered in trying to get HIV?

8. Thinking back on those times in the past when you knew you wanted to become HIV positive, what was important to you about being HIV positive?

    a. What do you recall about the first time when becoming HIV positive occurred to you as something you might be interested in doing?

9. What about today—what is important to you today about being HIV positive?

10. Thinking back on times in the past when you have wanted to become HIV positive, what were you imagining it would be like to be HIV positive?

11. What about today—what are you imagining today about what it would be like to be HIV positive?

12. Have your hopes and desires about being HIV positive been fulfilled?

    a. If yes, how so? Can you tell me more about that?

    b. If no, what has not worked out so well in your efforts to become HIV positive?

13. What is it like for you, now, day-to-day, being HIV negative?

14. What do the important people in your life think about you being HIV negative?

15. What have the important people in your life thought about your efforts to become HIV positive?

16. Do you know other men who have had similar feelings and experiences as you?
17. What has it been like for you trying to get HIV?

Interview 3: Elaboration of Life Stories

The third interview had two purposes. The first was to further elaborate life stories and express what being in this study meant to the participants. In keeping with Hall and Stevens (1991), designing those questions that evaluate consensus within this study was important. After I completed each man's first and second interviews, but before his third and final interviews commenced, I repeatedly analyzed the data up to that point by re-reading the transcriptions, re-listening to the WAV audio files, and amending my research journal notes for each interview. Preliminarily I sought to discover the broadest agreement among the participants, thus far. I observed for high-level commonalities. For example, his HIV status, his life journey, and his story compared to the rest of the participants. Thus checking for coherence throughout the research process was an ongoing repetitive process. Although this data set was very small, it was still possible to link emerging analytic insights, thus making sure that the interviews held up with plausibility and consistency was important.

A second part of the third interview was to provide an opportunity to explain to the participants what I interpreted his statements to have been in the first two interviews. Additionally, the third interview allowed a level of gauging consensus by comparing the learning's of the literature review in chapter two, to the experiences of the men in this study. This back-and-forth comparison reinforced honesty and mutuality (Hall &

Stevens, 1991). Therefore, Interview 3 always began with clarification questions about what I learned from the two preceding interviews.

The final closing questions tapped into the participants' values and their link to risk-taking, transgression, creativity, determination, and resilience in the face of gay male diversity. Questions also sought clarification of how queer theory might have influenced the thinking strategies, actions, and identities of each man about his self-identity. Due to its complex nature, I did not elaborate about the depths of an academic and philosophical theory like that of queer theory. Nevertheless, simply gathering thoughts about each man's position in life, amongst the power of societal labels, for example, *gay* versus *straight*, or *HIV positive* versus *HIV negative*, or even the *rightness* or *wrongness* of being gay, proved valuable. Each third interview began with these questions:

1. Before we begin today with new ideas, does anything come to mind from when we last met or since we have been meeting that you would like to share with me today?
    a. How have you been since we last met?
    b. The last time we met, you said that… Can you tell me a little bit more about what you meant by…?
    c. When we last met, you said… and I took that to mean… Am I correct in understanding you?
2. Tell me how you feel about labels and what they mean to you.
    a. Have you ever been labeled?
    b. Can you share how you were labeled?

c. What happened?

d. If you think back on the time you were first given this label, what do you recall about how that made you feel?

3. Some people might say that seeking HIV on purpose is hard-to-imagine. What would you say to that?
4. As a gay man, how do you feel about being blamed for HIV?
5. Can you imagine what possibilities are afforded to you because of being gay?

    a. What about limits put on your life because of being gay?

    b. Have you ever felt really frustrated or marginalized because you are gay?

6. If you think about your sexual preferences, how are they linked to your self-identity?

Finally, on the third interview, it was critically important to gauge how each man felt since sharing his story and revisiting his life before, during, and after his quest for HIV. A last question set for the third interview always focused on what the interviews had meant to the men.

7. What has sharing your story meant to you?
8. If given another chance to be interviewed, how might you do it differently?
9. In what ways might you summarize life before and after HIV?

10. What is the single most important thing about you that you would like me to communicate to my research world?
11. What is the single most important thing about you that you would like your gay male community to know about you?
12. What one word describes you now that you have HIV?
    a. Can you tell me why you feel that way?
    b. How might you change this?

If the participant was not HIV positive, I asked:

1. What one word describes you?
    a. Can you tell me why that comes to mind?
    b. Would you want to change this?

2. Tell me how you feel about labels and what they mean to you.
    a. Have you ever been labeled?
    b. Can you share how you were labeled?
    c. What happened?
    d. If you think back on the time you were first given this label, what do you recall about how that made you feel?

Shortly after experiencing the rawness of Fyodor's (P01) interviews, after a lot of my own reflection and after near-constant scrutiny of his shared story, something happened that made me realize he was sad in ending our time together. Coincidently, ending Fyodor's interview series happened to be the first time I had to experience how it felt to bring closure to the interview series. Fyodor was the first to enroll in the study,

and the first to end the study. It was by chance and by tuning into how Fyodor (P01) seemed on this day, that I looked away from the designed questions, and naturally asked him, "What is one thing about you that you hope I never forget?" This question proved emotional, though provoking, and freeing on many levels. I found this question to be powerful, and as such, it was the last question that I asked all of the men. Indeed, it was sad. Also, for some reason, this question, more than many others, caused grown men to cry, the answers to which sealed the value of this research.

Data Collection Procedures

I collected data through face-to-face semi-structured interviews. All interviews occurred at times convenient for the participants and took place in the privacy of my academic office at Thomas Jefferson University. No interview was interrupted except for one time when an unannounced building fire drill occurred. For each interview session, I personally met each man in the lobby of my office building. Because this office is in an academic medical campus in Center City Philadelphia, there is a constant flurry of people and activity. It was impossible to identify participants in this study because they appeared no different from anyone else on campus. Once off the elevators, I always used a back entrance leading directly to my office avoiding any main corridor or reception area, again, promoting privacy for each participant.

On the occasion of the first interview, I secured the participant's informed consent to participate in the study before any data were collected. I then collected a host of demographic data about the man, including such as data regarding age, race, income, religious preference, and information about his sexual debut. Then, an in-depth interview

was conducted using a semi-structured interview guide. Questions for Interview 1 were about the men's lives in general including questions about growing up, his discovery of his gay identity, his sexual debut, and his relationships. These questions were aimed at easing into the specific topics of HIV and the participant's pursuit of HIV, which were explored in subsequent interviews. Because the life narratives told by participants flowed quite differently, my attentiveness to flexibility in storytelling was ongoing. I avoided interrupting participants as they narrated their lives, and made comments only to clarify statements and probe for additional information. All interviews lasted between 60 and 120 minutes.

Using a battery-operated Olympus digital voice recorder, I audiotaped all 54 interviews for later transcription. The Olympus recorder produced Waveform Audio files, more commonly known as *WAV files*. A WAV file can hold compressed audio that is compatible on a Windows operating system, such as the system used for this researcher's personal computer. To expedite the creation of a Word document from the WAV file, I utilized the same dictation service used at my medical practice. Within a 24-hour turn around period, I had a preliminary transcription of the WAV file into a Word file. The interviews contained metaphor, lingo, and cadence that were difficult for the dictation service, so I personally verified every transcription against the recording, correcting all inaccuracies.

The WAV files were secured on my personal computer, in interview sequence. Each interview has its own unique WAV file, for example Fyodor Interview 1; Fyodor Interview 2, and Fyodor Interview 3. The WAV files have unlimited audio capability,

meaning that I can listen to them repeatedly. Each interview resulted in, on average, 1000 typed lines of text in a unique Word file. As an example, Fyodor's (P01) first interview resulted in 46,893 words, representing a typical interview document.

For each participant I had a printed demographic data sheet that served as the cover page of the participant's paper chart, which I stapled to several pages of plain lined paper to make my handwritten journal. Then, I assembled the individual paper charts into a SMEAD brand two-hole punch organizer. I saved all of the charts in my home office. I took each participant's chart with me for each interview so that I could refresh myself just prior to each interview.

I occasionally wrote notes during the interview. However, in most cases, once I escorted the man out of my building at the end of an interview, I immediately returned to my office and constructed handwritten chart notes about that interview. Each interviewee's chart note included some of the following comments:

1. Time of day and outside weather, indicating the type of day that it was. Examples include "a snowy and cold day today", "a rainy dreary day", or "sunny windy day".
2. What kind of beverage he enjoyed, such as hot coffee or tea.
3. I noted the man's dress, general appearance, or level of appearing disheveled.
4. The man's affect, for example, "seems flat", "flight of thoughts", and/ or "jovial."

5. Events of tearfulness or crying were always included in my chart notes and were aligned with the topic we were discussing that might have made him cry.
6. I always remarked about his level of eye contact.
7. Issues of body language like "seems fidgety today", or, "had difficulty with eye contact", and even "took off his shoes and sits Indian crossed legs style directly right in front of me", addressed my opinions of his presumed comfort.
8. Lastly, I commented on how I felt emotionally, as well as generally about that interview.

On several occasions, I relied on colleagues to debrief, and shared parts of an interview so that I could clear my own thoughts. During the analysis process, I continually aligned my journal notes to that aspect of the interview. I would always have my journal notes with me as I listened to the WAV files.

Data Analysis Process

I used a multistage narrative analysis process to analyze the data. While this list is not exhaustive, narrative analysis has been used by nurse researchers and other scholars (Mishler, 1986, 1991, 1995; Stevens 1993, 1994, 1995, 2005, 2006; Stevens & Morgan, 1999, 2003; Stevens & Hildebrandt, 2006; Thomas et al., 2008; Sandelowski 1995; Riessman 1993, 2008). In addition, other researchers examining men who purposely seek HIV infection have used narrative approaches (Baumgartner & David, 2009;

Carballo-Dieguez & Bauermesiter, 2004; Cole, 2007; Crossley, 2004; Gauthier & Forsyth, 1999; Goh, 2008; Grov, 2004; Grov & Parsons, 2006).

Experience of Analyzing the Data

According to Riessman (1993), Labov and Waletzky have taught chronologically analyzing data, and their work served as a model for me. To critically analyze an interview of a participant regarding his choice to seek HIV on purpose proved far from simple. This process required approximately 12 months of reading and re-reading with multiple analytic iterations before this dissertation took its final shape. I originally believed that stories about seeking HIV on purpose would follow some chronological sequence, so I established chronology starting with the participant life stories, followed by stories of intentionally seeking HIV, and the relevance of HIV in their lives. Life stories about HIV for some men began at very young ages and for a few men much later in life. However, regardless of the launch point in storytelling, each man described a transformative process about many events in his life, a life pattern, preceding and simultaneous with his purposeful pursuit of HIV infection. These life patterns are described in Chapter 6.

I repeatedly listened to the WAV files over many months, constantly comparing them with the Word document and my journal. As Riessman (1993) noted, it is recommended that the researcher self-transcribe the interviews because translating dynamic conversation into linear written language has risks, with chance of misinterpreted cadence or the loss of visual expression. This recommendation proved valuable because often what I transcribed the first time was not what I heard on a follow-

up review of the WAV file, for which cases I amended the transcript. I had many moments of realizing "Oh, *that's* what he said" in the process.

At the conclusion of every interview, I updated my personal journal to reflect on not only the emotional effect of the participant, but also my beliefs up to that point; how I felt during and after each interview was important too. The most profound example, after hearing one man's story, was where my journal indicated, "I'm drained". At times, I believe, hearing the stories was nearly as painful as the telling. However, I will never profess I know personally how each man felt at the time. I can only speak to how I felt when hearing his narrative.

I remained tuned into observations such as the physical, emotional, and temporal context of each man's delivery of story. In many situations, I found that each man not only shared his story, but also took a narrator position as a philosopher, a teacher, a recovering addict, a survivor of suicide, or even a believer in Christ, all of which painted a picture of his goals in seeking HIV, and his goals in sharing his story.

Each man's story was the sum of much more than his words, and it was critical that I captured these nonverbal pieces too. My journal is as important as my data, and the journal helped me to achieve this goal. With the journal, I was able to align issues of affect with the story. Eye contact, emotion, and the delivery of each man's story were paramount for me remembering him and then trying to imagine how he actually felt in the narrating of his life.

Sometimes a change in affect was subtle, such as a change in a voice tone or a man looking down or away as if he were embarrassed by what he shared. At other times, a glaring portrayal of how he felt at that time sprung forward, such as the man crying. Globally speaking, however, eye contact was one of the most important behaviors to which I paid strict attention. This contact is precisely how I could know that the welling of tears in each man eyes was real.

Interpretation

I interpreted these data through structural analysis based on the pioneering contribution of William Labov and Joshua Waletzky (Riessman, 1993). Their work has been widely accepted by researchers, and is the touchstone for narrative inquiry (Riessman, 1993, 2008). No qualitative software was ever used to aid in the analysis process. I manually did the entire analysis. Prior to the analysis, however, my first step after the transcription was to print a Word document from each interview.

Stages of Analysis

The analysis process was conducted in five stages as described here.

Stage 1. Riessman (1993, 2008) clearly spells out the steps used by Labov and Waletzky to conduct narrative analysis. A fully constructed form of narrative includes these six common components, 1) abstract; 2) orientation; 3) complicating actions; 4) evaluation; 5) resolution; and 6), the coda. In this same order, I color-coded each of these six components as they appeared in the printed transcribed pages, thus each page was read no less than six time during my first steps of analysis. I drew frames around

components that reflected an *abstract* (e.g., yellow highlighter), or with blue highlighter I framed an *orientation*. I repeated this process for all the other components (i.e., complicating action, evaluation, resolution, and coda) in its unique color, if they appeared in that aspect of the interview. I did this individually for each interview session. I worked with one page at a time while listening to the WAV file, and with pencil only, wrote notes that paraphrased commonalities on the borders of each paragraph. I was able to parse each page, into its own story, drawing from it the highlights of that interview. The use of color proved a valuable tool as it allowed me to gravitate to that component easily.

For men who sought HIV on purpose the *abstract* component uncovered the high-level summary ideas of his overall story, and in part the purpose of the individual sharing his story. Whenever I found written words that I thought represented some aspect of an abstract, I framed those words with yellow highlighter. An example of an abstract is "I wanted their attention" (Diggory, P09).

Next, I sought to uncover statements that would provide an *orientation* to time and how the gay community or non-gay community may have influenced the man's decision to seek HIV seroconversion. *Orientation* also described *what* was happening, by *whom*, and *when*, at any particular time. Religious affiliation also serves an orientation, for example, "they tried to convert me", as spoken by Karan (P05). Orientation was never a fixed construct, such as to only mean time or only mean religion. Rather, orientation could mean something fluid, and it was different for each man, but it described people, places, and events. For example, "drinking more every day"

(Thornton, P18) brings focus to what was happening at that particular time. Orientation also included understanding the metaphors that he uses in his self-identification as someone seeking to become infected, for example, "once you are inside that circle, you have a better understanding" (Fyodor, P01). Orientation also proved closely linked to a world complicated by drug addictions, for example, "sex for drugs and drugs for sex" (Hervey, P13). Whenever I came across these types of words or ideas, I framed those words in blue highlighter.

The next step was to frame the *complicating actions*, that is, the sequence of events, the *why* of the plot—why the man undertook to seek HIV. In many cases, complicating actions such as childhood sexual abuse, physical abuse, abandonment, and even religious conflicts and perceived lifetime wrongdoings that deserved punishment, served as pivotal complicating actions to some of the men in this research. These kinds of statements suggested crisis points. Desiderius's (P04) narration provided excellent examples of complicating actions, such as "she accosted me terribly."

My next step framed ideas that spoke to an *evaluation* of events and the meanings of seeking HIV on purpose. As Riessman (2008) wrote, evaluation statements bring forward the "soul" (p. 84) of the story, when the narrator steps away from the story to place emphasis on meaning and emotions. While there are many evaluation statements, Desiderius's (P04), narration noted here offers an example of an evaluation statement, "Growing up in a project community—you dealt with a lot of fear."

For the next step, I framed the *resolutions*. Essentially, resolution statements describe the outcome of the plot—in the case of my research; these statements are

regarding the consequences of seeking HIV on purpose. For example, Delbert (P06), said, "So me and him, we together, and he is not alone," regarding his resolution for seeking his partner's HIV because he is in an HIV-discordant relationship. With resolution statements, the story should come full circle with an ending that brings the past and present into view.

Stage 2. After I discovered the structural components of the narratives, I began a second stage of analysis. I utilized hand-drawn concept mapping to portray the many relationships across narrative elements. For example, Diggory (P09) spoke about seeking his family's "attention." In the abstract of his story from the word *attention*, I drew and linked *lit apartment on fire* and the phrase *lit apartment on fire* was then connected to the word *jail*. Orientation proved to be another component that had many relationships with other story elements. Fyodor (P01) called friends "castaways", so I drew links to terms such as *prostitutes* and *drug addicts*. In completing the concept maps, I was able to portray a logical, orderly, and unambiguous sorting of important data. I was easily able to demonstrate many propositions, various hierarchies, and cross-links. In most cases, I was able to establish a liner relationship between parts of the stories and the immediately preceding event, or the immediate subsequent event in each interview. The concept maps were key in identifying relationships.

Stage 3. Next, after developing the hand-drawn concept maps, I then proceeded to create hand drawn matrices. Using the main ideas from the concept map, I parsed further looking for common expressions. For example, topics such as depression, self-hatred, fitting in, promiscuity, escape, and or choice constructed the Y-axis of one table.

I then populated the X-axis with the men's names and filled in statements about how each narrative illustrated the topic.

Stage 4. Within the matrices, I returned to another level of color highlighting, which again linked to common ideas. For example, patterns about addictions were highlighted in purple, identity issues with a green highlighter, sexuality issues with a red highlighter, and religion with a blue highlighter. Through matrix analysis and concept mapping, I was able to accomplish a story-by-story synopsis for each man, from each interview, that completed the full circle of a time before the man was HIV positive, to a time after he was HIV positive. For the two men not currently HIV positive, each man's life story completes its own circle of events before the man imagined he should be HIV positive, to the current time. The narrative summaries of the participants' lives, representing the within case analysis, are presented in Chapter 5.

Stage 5. From the narrative summaries, I was able to identify common life patterns related to *how* and or *why* participants sought HIV on purpose. In Chapter 6, I present this across-case analysis. For example, the group of men that spoke extensively about their challenges with *Addictions* (n=6), and how that challenge described their path to seeking HIV infection, was the most populated pattern. Another pattern came to represent stories told about *Connecting to an HIV Positive Lover* (n=5), and why and how that narrative focus meant both partners had to be HIV positive. After I concluded my across case analysis, my last step was to summarize each pattern with a composite narrative detailing major events and evaluations.

The Researcher

The researcher is a gay Caucasian man, 55 years old, who has been a registered nurse since 1995 and an adult nurse practitioner for the past 10 years. His clinical practice is entirely devoted to the care of the HIV-positive population and individuals with sexually transmitted infections. He is the sole nurse practitioner in a large infectious diseases practice that cares for more than 500 HIV patients, and as such, he is acutely familiar with the goals of HIV treatment and the challenges that surround living with HIV.

Currently, he is an Assistant Professor at a small Roman Catholic University in Philadelphia, PA. When he collected the data, he was a graduate school educator in a Philadelphia-based hospital university setting teaching nurse practitioners. At that time, he was widely viewed within the school of nursing as authentically interested in field of qualitative inquiry. As a doctoral student, he had opportunities to learn and develop the skills of qualitative and narrative inquiry through direct doctoral supervision. His major professor is highly regarded as an expert in the field of qualitative inquiry and has been doing HIV-related research for 20 years.

Methodologic Rigor

Polkinghorne (1988) stated, "validity in narrative analysis should be understood as *verisimilitude*—results that have the appearance of truth or reality" (p. 176, emphasis original). Riessman (1993) later specified:

> Validation, the process through which we make claims for the trustworthiness of our interpretation, is the critical issue. "Trustworthiness" not "truth" is a key semantic difference: the latter assumes an objective reality, whereas the former moves the process into a social world. (p. 65)

An obligation to the participants, and to the readers of the research, is to ensure the trustworthiness of the work (Riessman, 1993, p.68). Keeping these four pieces in mind helped me meet this obligation: 1) clearly describing how the interpretations were produced; 2) making visible what actions were taken; 3) specifying the transformation of data; and 4) making the primary data available to other researchers. My analysis process has been clearly articulated and accounted for these important steps.

I framed my study following the criteria by Hall and Stevens (1991) for rigor in qualitative research: *reflexivity*, *credibility*, *rapport*, *coherence*, *complexity*, *consensus*, *relevance*, and *honesty and mutuality*. According to these authors, what needs to happen in qualitative inquiry is that "researchers actively join in reciprocal relationships with participants and endeavor to understand the world seen through the eyes, rather than construct how their world is observed from the outside" (p. 18). The repeated interviews allowed me many opportunities for reciprocal relationships.

Reflexivity required that every step of the process is continually critiqued, and inferred that this researcher be constantly aware of his own biases, values, and assumptions about men who seek HIV on purpose. With both journaling, and professional debriefing, I was able to constantly reflect on my progress. Continually, I was also able to compare my knowledge as a clinician against my learning as a

researcher. By journaling at the conclusion of each interview, and collectively reviewing field notes, I was able to reflect on myself and on the content of interviews.

Credibility required that I accurately gather the stories and then present them authentically. I took steps to achieve this during the second and third interviews by asking the participants if what I took from our previous conversations was what he meant. I met the men on several occasions, making it possible to revisit any ambiguity about my interpretations. Further, by taking results back to the men interviewed in the study and asking for clarification, I was able to strengthen the presented findings and assure validity.

Rapport was critical. Even though the sample was diverse, I developed and maintained excellent rapport. As evidence of this rapport, all 18 participants returned for the second and third interviews. Participants trusted me because they heard about the study through reputable organizations they trusted, Mazzoni Center and ActionAIDS. Another level of rapport came from demonstrating my understanding about their realities. I made it clear to them that I, too, was a gay man, and while I myself did not have the experience of seeking HIV infection, I had a professional interest in other men who do feel that way. This focus was reinforced with the public knowledge of my clinical practice. My openness and compassion to learn helped comfort them. Maintaining and demonstrating an awareness of how the men feel about the researcher is also important (Hall & Stevens, 1991). One comment by Janus (P03), suggested to me I was successful in establishing and maintaining rapport "Here I am sharing all these wonderful things with you Thomas—you should have been a priest; I'm confessing all my sins."

As defined by Hall and Stevens (1991), *coherence* helps gauge adequacy in assuring the findings are logical and consistent with the raw data. By systematically engaging the staged analytic process, referring back to the original data countless times, I was able to ensure that findings were well organized, logical in flow, and matched participants' intended meanings. The men in the study had several opportunities to indicate what was most important to them. I posed clarifying questions to address what I believed each man was saying, and repeatedly we engaged in a dialogue regarding whether I was accurate and coherent in my interpretation. In this way, I had many opportunities to enforce coherence.

In addressing the *complexity* of data, I avoided oversimplification and tried to understand metaphor and hidden stories. I was direct and specific in my probes, even about taboo subjects. For instance, during the third interview, I asked each of the men this question: "Some people might say seeking HIV on purpose is hard to imagine—what would you say to them?" I also asked specific questions about sexual behaviors and the consequences of sexual encounters. None of the men ever recoiled from addressing very personal issues, no matter how probing the questions might be.

Consensus is achieved when agreement or common patterns of behavior can be seen in the data, which is demonstrated in the collective narratives of Chapter 6.

Collectively, the *relevance* of research questions, and the *relevance* of findings are achieved when they are instrumental in expanding what the gay community and health professionals know about gay men who are living with or at risk for HIV. Attesting to this criterion are the interest and enthusiasm of individuals volunteering to be

in the study, and the nuance and detail of the rich findings presented in Chapters 4, 5, and 6.

Lastly, the study must demonstrate *honesty and mutuality*. Nothing about the questions I posed to participants was tricky or clandestine; no hidden meanings were present. I was clear there were no right or wrong answers. I only asked that each man answer from the heart, and that he stay true to himself. The questions were intended to learn about each man's own self-views, not those views he imagined he should adhere to or mirror.

In subsequent chapters I have tried to offer persuasive arguments that uncover the "multiple realities woven by historical, contextual, and relational factors" (Hall & Stevens, 1991, p. 18). My framework using queer theory allowed me to imagine possibilities when studying data, rather than confirm status quo concepts, true to Hall and Stevens' point that "dichotomy, duality, linearity, and fixity are not the properties of nature nor of human life and experiencing" (p. 18).

Protection of Human Subjects. The Institutional Review Board (IRB) of the University of Wisconsin–Milwaukee approved the dissertation study protocol as minimal risk, expedited under Category 6 and 7 as governed by 45 CFR 46.110, for a period of 12 months starting November 30, 2011 until November 29, 2012. Because data analysis was still underway after November 29, 2012, I sought continued approval. IRB granted approval for another 12 months until November 28, 2013.

Before any interviews commenced I explained the entire study design to the participants including its objectives, methods, and human subject's protections. Several

men did not know what IRB meant, and I explained that meaning fully. I stressed volunteering throughout the study, with the freedom to withdraw at any time without fear. I also explained that to protect their confidentiality, I requested IRB to waive documentation of informed consent as governed by 45 CFR 46.117, so they did not have to sign any document. At the outset informed verbal consent was obtained, and each participant and I discussed what it meant to waive documentation. Once the recording device was turned on, we again briefly discussed that he was giving me permission to move forward with the interview sessions and record our conversations. I repeated this confirmation at the beginning of each subsequent interview session in the three interview series. Men were given pseudonyms and identifying codes with no link to identifying data. All documents were secured in my home office. All computer files related to the research were secured on a password-protected personal computer.

Summary

According to Hall, Stevens, and Meleis (1994), marginalized people are rarely consulted about their opinions and experiences. This qualitative research project provided HIV-positive gay men, those who intentionally sought HIV infection, an opportunity to proverbially come to the table to speak their "truths." Nursing owes this presence to them, without question. The onus lies heavily with us, as nursing researchers, to bring gay men in from the periphery. Eliminating barriers and stereotypes about seeking HIV on purpose is critical. As Hall, Stevens, and Meleis (1994) wrote:

> One key to success in knowledge development with diverse populations is to invite marginalized people to talk at length about the health care problems they

> face, the obstacles that block their access to health care and other resources, and what they believe is needed to remedy their situations. (p. 35)

Further, and equally important, they noted, "while this seems almost too simple to be efficacious, the truth is that it is rarely done in research or practice in any discipline" (p. 35). This research dissertation I believe was one avenue to begin candid discussions and to open new learning.

Chapter 4: Sample Characteristics

Participant Demographic Profiles

A total of 18 men participated in the study and completed all three interviews. In this sample, 16 men were HIV positive, and two men were pursuing HIV infection.

Age

As demonstrated in Figure 1, the age range for study participants spanned several decades, from the youngest participant at age 33 years to the two oldest participants at age 61 years. Most (*n*=6) were between ages 46 and 50 years. The average age of the sample (*N*=18) was 48 years.

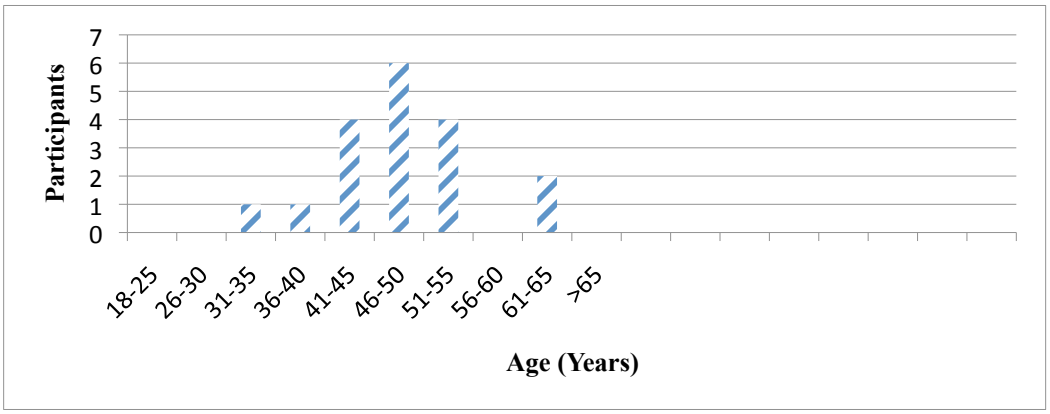

Figure 1. Age distribution.

Race

The distribution of participant race is shown in Figure 2. Most of the 18 participants were self-identified as African American (*n*=15). One participant who identified himself as "other" was of mixed race (i.e., Italian and African American), one was Latino, and one was Caucasian.

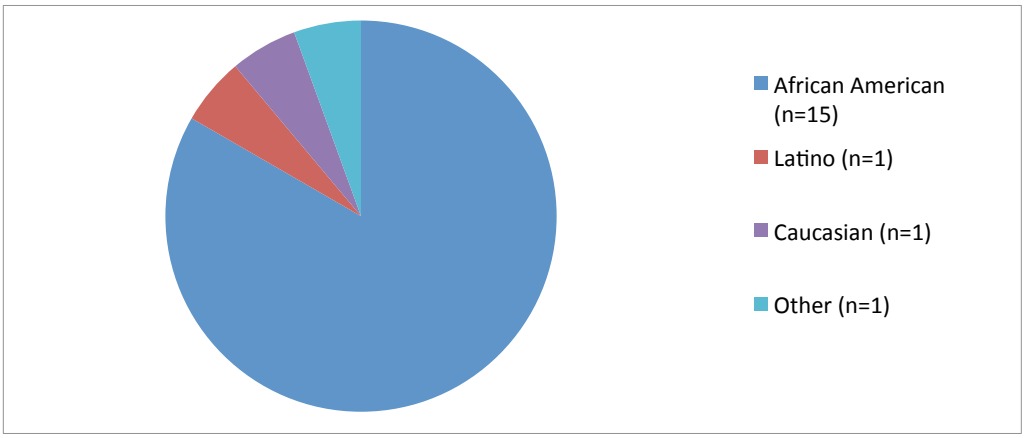

Figure 2. Self-identified race distribution.

Education

The participants' years of formal education varied widely. As demonstrated in Figure 3, most of the 18 participants completed high school (*n*=14). Of those who did not complete high school (*n*=3); two attended school through the eleventh grade and one attended through ninth grade. One participant never attended high school; his last year of formal education was the eighth grade (*n*=1). Of the 14 participants who completed high school, many had some level of post-secondary education (*n*=10): two completed a 4-year degree program; one completed a 2-year program; seven had mixed years of post-secondary education. Two also completed trade-school programs. One participant is currently taking theology classes through an online program.

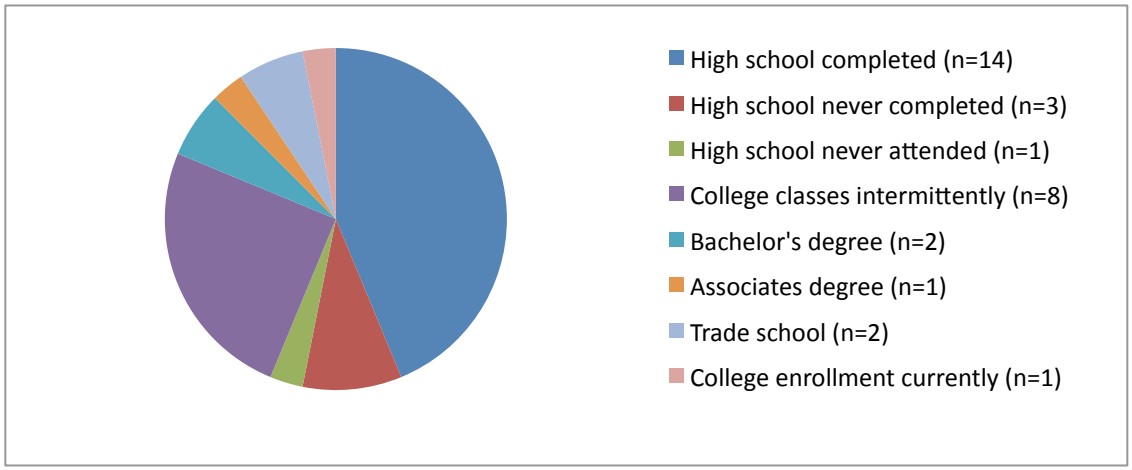

Figure 3. Years of formal education

Religion

When the 18 participants were asked about their religious affiliations (Figure 4), most reported believing in Christianity (*n*=13). In addition, several stated that they were unsure of whether God exists and thus did not feel compelled to align with any specific religious designation (*n*=4). The remaining participant was baptized into the Catholic faith, also received other sacraments of Catholicism, and spent some years in parochial school, but now as an adult questioned the existence of a deity (*n*=1); he defined himself as *Darwinian*.

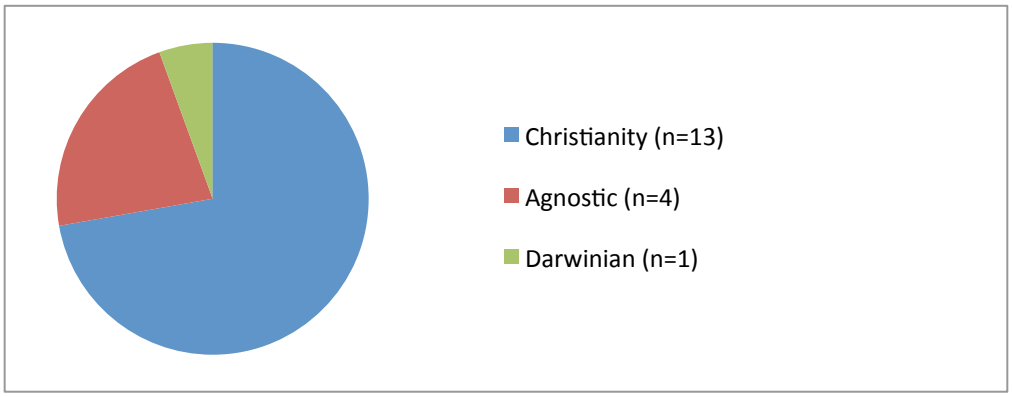

Figure 4. Self-designated religious preference.

Partnerships and Living Arrangements

Regarding partnership and living arrangements, all 18 participants were single men in the Commonwealth of Pennsylvania and none was legally married to a male partner. Some had a male partner with whom they lived and shared expenses (*n*=4). An equal number of others shared living expenses with a family member, were cohabitants in a rehabilitation center, or had a roommate (*n*=4). Most participants stated they lived alone (*n*=10).

Health Care Access and Coverage

The health care access and coverage for 98% of the study population (*n*=16) was through one of the Medicare or Medicaid products. The remaining participants had health care coverage through a third-party insurance plan offered by employers (*n*=2) as shown in Figure 5.

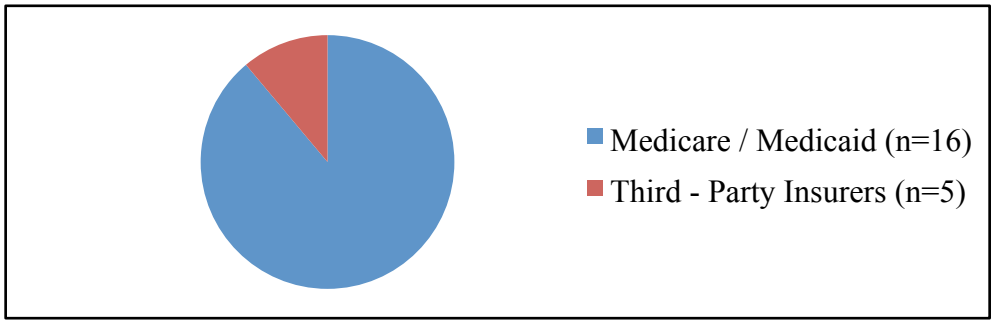

Figure 5. Health care access and coverage.

Sources of Annual Financial Income

Financial income (Figure 6) for these 18 participants came from multiple sources. Most (*n*=13) received monies through Social Security awards. Of these 13 men, three men supplemented their Social Security with unreported informal employment. Five participants supported themselves with formal employment, either on a full-time basis or by combining part-time jobs.

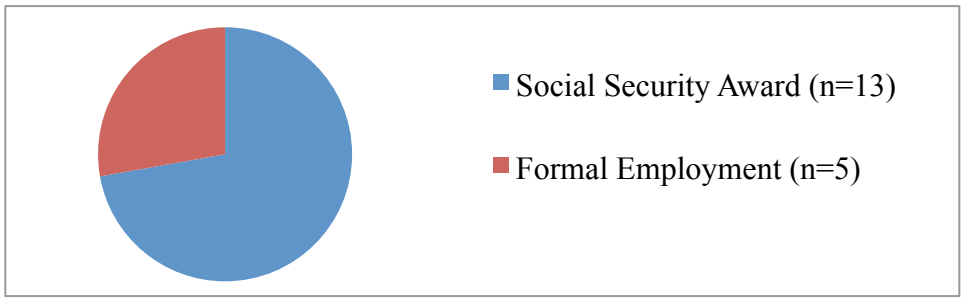

Figure 6. Sources of annual financial income.

Poverty-Level Classification

Financial income ranges were calculated according to those in the federal poverty level classification published by the Foundation for Health Coverage Education (available at: http://coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf), then compared

to Department of Health and Human Services (HHS) 2012 Poverty Guidelines (available at http://aspe.hhs.gov/poverty/12fedreg.shtml). A majority of participants (*n*=10) lived below the HHS poverty level for a one-person household ($11,170). Figure 7 shows the amount of annual financial income for participants.

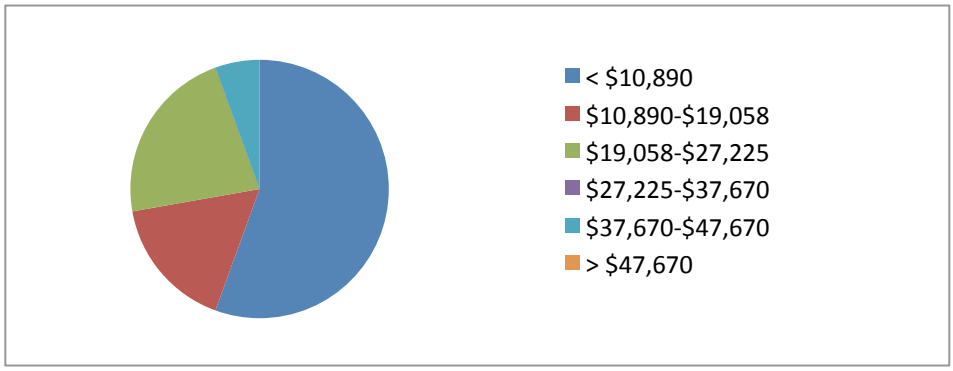

Figure 7. Annual financial income.

Health Care Issues

Comorbid Physical Conditions. Of these 18 participants, more than 50% reported at least one chronic physical condition other than HIV infection, including hypertension (*n*=3), hepatitis C (*n*=3), asthma (*n*=2), diabetes mellitus (*n*=2), cervical spine fusion (*n*=1), multiple sclerosis (*n*=1), cerebral vascular accident (*n*=1), glaucoma (*n*=1), and blindness from cytomegalovirus (CMV) retinitis (*n*=1).

Comorbid Mental Health Diagnoses. Approximately 50% of the sample reported having at least one mental health condition, including addictive disorder (*n*=10), major depression (*n*=3), schizoaffective disorder (*n*=3), bipolar disorder (*n*=2), schizophrenia (*n*=2). Six participants had been suicidal in the past.

Sexual Identity Issues

Sexuality, sexual health, and sexual identity issues have profound impacts on all individuals. For the gay man, his *sexual debut* (defined as *the first time he recalls having physical sex of any sort*) is the merging of two experiences—both what is happening with his physical body and how he understands his sexual orientation. These memories were loosely connected or vague for some of the participants, whereas for others those times are at the immediate forefront of his mind, especially when childhood sexual abuses occurred. Two important milestones are mapped in Figure 8 plotting participants' age of the sexual debut and the age at which each man consciously thought he was *gay*. As Figure 8 demonstrates, the point in time when these men recognized themselves as gay did not necessarily coincide with the point in time that they experienced physical sex with other men.

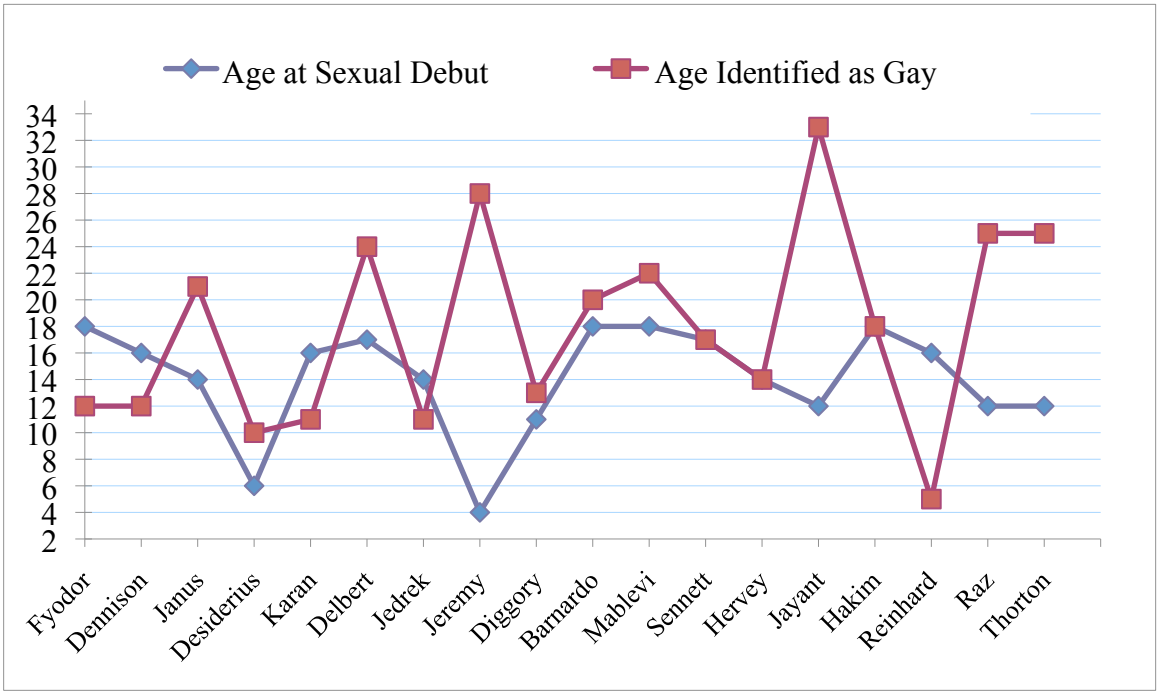

Figure 8. Sexual debut compared with acceptance of a gay identity (at age in years).

Some participants described vivid childhood memories of sexual violations when they were as young as age 4 years (*n*=3). In these and other cases of having had male-male sex at a relatively young age, identifying as gay took years, sometimes decades. Conversely, some men identified themselves as gay at a young age, but did not physically act on those sexual urges for many years.

Life Satisfaction

A single item asked the 16 participants who were HIV positive, "Are you satisfied with your life, and is it fulfilling now that you have HIV"? As demonstrated in Figure 9, seven participants reported satisfaction and fulfillment, while nine participants reported not being satisfied with their lives after HIV infection.

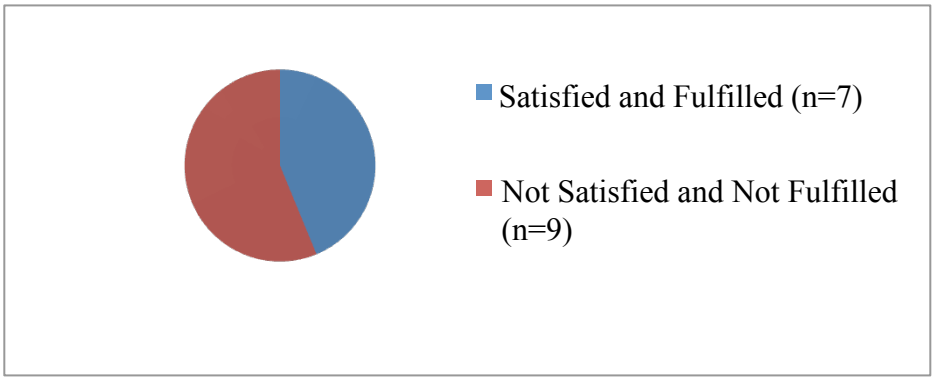

Figure 9. Life satisfaction and fulfillment since HIV infection (*N*=16).

To further explore this idea of life satisfaction, I asked the HIV-positive participants whether they would "turn back time" if they could to be able to make a different decision about seeking HIV infection. Figure 10 shows the responses. Eight men said they would turn back time, six men said they would not turn back time, and two men were indecisive.

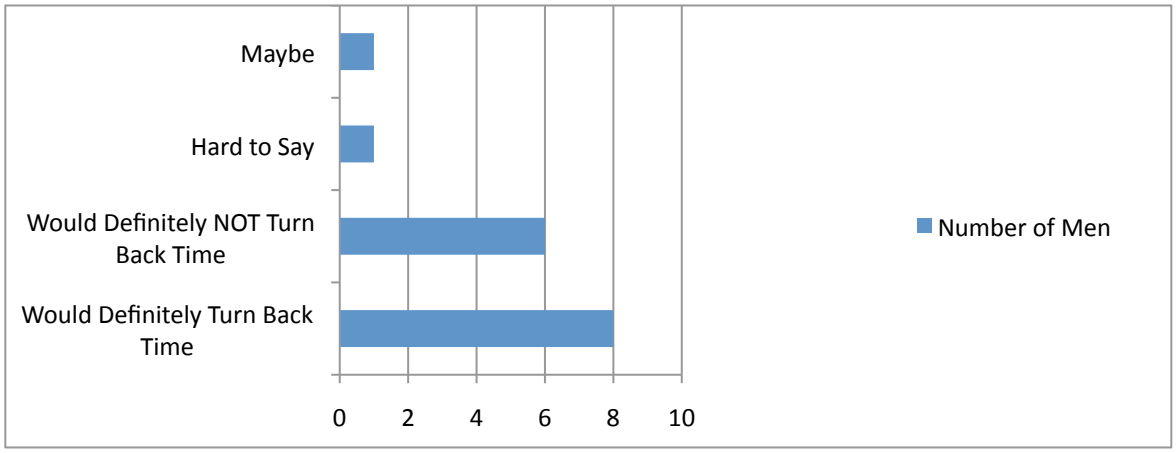

Figure 10. Responses to the question: Would you turn back time in order to make a different decision about seeking HIV infection? (*N*=16)

Summary

Seeking HIV on purpose is a behavior that is difficult to comprehend. The narratives in the following two chapters reveal the various rationales and life histories that led study participants to actively seek HIV infection, as well as their current reflections on that quest. Chapter 5 presents results of my within-case analysis, providing details of each man's life history in a narrative summary. Chapter 6 presents results of my across-case analysis, describing common life patterns that preceded the purposeful pursuit of HIV infection. By engaging in the life stories of the 18 men in this study, my hope is to bring some understanding about why and how some gay men might seek HIV on purpose.

Chapter 5: Within-Case Analysis

This chapter focuses on what has been meaningful in each man's life journey, as well as the significant compromises and conflicts that each has faced as a gay man. The discussion addresses each man's story of his sexual milestones, timelines, life-altering decisions, and perceptions about the decision to seek HIV. These summaries serve as an introduction into the lives of men who have either intentionally become infected with HIV or are currently pursuing infection. The three-interview series provided an opportunity for each man to explore (some men for the first time) the impacts of his life-changing quest for HIV. Responses to the last question in the interview: "What is it about you that you never want me to forget about you?" in many cases not only closed the loop of the narrative, but also reinforced each man's sense of purpose in sharing his story. Many men viewed sharing their stories with religious or confessional overtones or as a freeing experience that gave them the opportunity to step forward and break their self-imposed silence.

A note here on the study participants' narration of their stories and their language as reflected is important before reading their stories. The men interviewed as part of this study are from a wide variety of ethnic, educational, and socioeconomic backgrounds. Because the interview questions and responses dealt with issues of an intimate sexual nature, often their responses contained colloquial filler phrases (e.g., "like", "um", "I mean," "you know") that indicated a pause, stumble, or struggle in thought or speech. These filler phrases have been removed from the direct quotes to: 1) facilitate readability, and 2) maintain the reader's focus on the men's stories. To enhance anonymity, where

necessary, geographic names of towns or cities were omitted. No other changes to the grammar, syntax, organization, or other content of their responses were made.

Narrative Summaries

The narrative summaries that follow represent some of the critical elements of each man's decision to enroll in this study. Capturing the participants' responses to my questions allows the reader to understand the nuances of each conversation and the nature of our three-interview cycle. To guarantee anonymity, each participant was given a pseudonym based on the participant's characteristic or defining principle that was matched to a name obtained from the *Moms Who Think* website, which parents use to select baby names (available at: http://www.momswhothink.com/baby-boy-names/baby-boy-names-a-to-z-listing.html). These are their stories.

Fyodor (Participant 1)

Fyodor, from the Russian meaning *The Gift of God*, is age 43 years and was the first man to enroll in this study. He is African American. A self-described "spiritual person," he admits that God guides him through his life. He has been sexually active with other men since around age 18 years. He recalled being around age 12 years when he first suspected that he was gay. Fyodor has never had sex with a female partner. His HIV diagnosis came 3 years after his sexual debut at age 18, and he has been living with HIV for 22 years. He completed high school, and he currently lives alone. His financial income, which is between $10,000 and $19,000, comes from social security disability because of his depression. Both Fyodor's mother and father know that he is gay and has HIV. However, very few friends know about his HIV status, and this secret is a heavy

burden that influences many of his life decisions. Fyodor has always preferred to surround himself with a select number of people, but being gay and HIV positive has led him to create even stricter boundaries around himself than he imagines he would have if he were not HIV positive. Fyodor believes it is important to surround himself with the "right people" who can be:

> Considerate of one another and for them to be considerate of me as well. The thing of it is, I cannot make other people understand, and want to understand, and want to be compassionate, and want to be patient with other people. Everybody's quest is different.

Although he is selective about divulging his HIV status, he stated that, at age 18, "I expected to become positive, and it was just in my mindset. It was the expected norm if you are a gay man." Fyodor never took actions to prevent HIV. When we discussed the use of condoms, he said, "Absolutely not. I did not even talk about it. I was in total denial." At the time, it was also important that he "not be judged as a gay man and just have my freedom of sex." He stated that "it was barely enough for me to be responsible for me, and half the time I wasn't responsible for myself, so I definitely could not handle being responsible for someone else."

Fyodor has never admitted to anyone that he intentionally sought HIV infection. When asked about his reluctance to disclose his HIV status, he said, "For the most part, I don't tell people. If I know another person is not HIV positive, the most I will probably say is I got some medical stuff going on and they probably feel that." He stated, "It

sounds naïve, but once you are inside that circle, you have a better understanding and got a little wisdom on you. Then you see the whole perspective."

Fyodor also spoke about his fears and thoughts about gay-promoted stigma. He fears rejection from "the team," and targets altruism and hopes for reciprocity. A constant source of worry for Fyodor is how people, especially those in the gay community, view him. He stated, "I do not want to put myself out there, and put all the information out there, and then be rejected." He has an unclear allegiance to larger groups, both gay and non-gay people, but he yields to seemingly collective behaviors. He tries to balance fairness and inequality against imagined punishment or exile from the gay community if he is not careful. His fears relate to two risks: 1) if his gay identity is misunderstood or unaccepted, he fears he will be tossed aside and punished; and 2) because of HIV's stigma, he risks abandonment. He knows that once he makes any of these disclosures, he cannot erase the public's knowledge. He also believes:

> If I would think about seriously having a relationship, the main piece is my HIV first. So, I distance myself from people because you cannot tell people your stuff because they will go out and tell. To me, in my knowledge, in my understanding, people always talk. Whether there is some good or whether there is some bad, it is our choice as individuals. But people do talk, so there is no such thing as tell one person and that one person not telling anyone else.

After his HIV infection, he intentionally redefined himself and his group of friends. His HIV diagnosis is safe only with "the castaways." He feels safest when he associates with other people living with HIV, stating:

> The people I consider friends are people that the mainstream might call, I call them my *castaway friends*. My castaway friends are drug addicts and prostitutes and alcoholics. I go to a church in [town name omitted] on the weekends. I used to go every weekend, but times have changed. I try to make it twice a month, and when I am there I meet the ***most sincere people*** [speaker emphasis]. They will tell you about their past, they'll tell you about their present and their hopes for the future, and that's all I am looking for: Honesty.

When asked if he identified himself as a castaway, Fyodor replied:

> I'm a castaway because I have HIV. I have AIDS. I was real hard on drugs at one time. I was homeless. Being gay makes me a castaway. And, being black makes me a castaway. When I feel like I need a hug, then I go to my castaway friends.

Many things have changed since Fyodor was age 18 years. He believes that, "being young, being naïve, and then becoming knowledgeable about the total risks and then the main factor being compassionate for my fellow man, is all the difference in the world." Going back to the time when he learned of his HIV infection, he recalled that "once I learned that, in one way, it seems like I could just exhale, because then I knew." When asked about how he feels about his diagnosis now, he said:

> God has allowed my mind to evolve and become more compassionate and more understanding. God has given me ***the wisdom*** [speaker emphasis] to be more compassionate towards another person regardless if they were HIV positive, whether they are blind, or whatever the medical diagnosis may be. God has given

me the wisdom because the knowledge was there, but I was still ignorant of the fact of having compassion for my fellow man.

When asked to describe himself in one word, Fyodor said, "Faults… It is a fault. It is a part of reality, it is a part of me and it doesn't make me less of human being, it does not make less of being loved."

Dennison (Participant 2)

Dennison, Old English for *wild and frenzied*, is a man age 47 years. He refuses to exclusively identify with either Italian or African American ethnicity but prefers to be referred to "interracial" or "other." He is a self-employed massage therapist who has been living with HIV for the past 5 years. He describes his early sexual experiences, beginning at age 16, as "topsy-turvy," with a sexual history that includes both male and female partners. At age 24, he "found my comfort zone and accepted the reality" of his homosexuality. For Dennison, sex with women was always awkward and clumsy.

Although he was born in eastern Pennsylvania, as a young adult he relocated across Pennsylvania several times, as well as New Jersey, Florida, and Oklahoma. The self-proclaimed "gypsy of the family" is the youngest of four children. In 2003, his younger sister died from complications of multiple sclerosis, followed by his mother's death 9 months later in 2004. He has a tenuous relationship with his remaining siblings; he has not spoken to his brothers in more than 8 years. He reported that his mother was the glue that held the family together. When asked about his friends, he stated:

I lost a few friends from HIV, and the last friend I lost kind of hit home because we were really good friends. He was more of a brother to me than my younger

brother was. I went into a little bit of a depression after he passed because I was on his living will, and I had to make the final call at the hospital. He was my best friend.

Repeatedly in our conversations, he referred to this "best friend" as family. Our discussions about his biological family conjured up bad memories. At one point, Dennison stated, "I don't even consider my family [to be] my family. The only two that really accepted me my whole life are now deceased."

Dennison completed high school and some college. After running out of financial support to continue college, he went to massage school, which he believed would provide a quick skill set to launch a self-sustaining career. However, massage school was not without its challenges. He told me, "Oh, my curse! I went through with massage school. When it leaked out that I was positive, no one wanted to work with me or even come near me or have me touch them because they were afraid." Part of his income from his work as a massage therapist is unreported on his taxes. He has ongoing struggles with life decisions, many of which are intertwined with financial pressures. In describing his work, Dennison explained, "I do like doing it [massage]. I like working for myself, but with the bullshit I go through, I don't know if it is worth it. I should not have to pimp myself out to make a buck."

To make additional money, Dennison provides massages that are sexual in nature. Between our second and third interview, he traveled to another city for a client with "an ulterior motive" who found him online. His clients include single men, male and female couples, and gay male couples "all wanting something special." Dennison does not report

"special" clients on the financial books. During our interviews, Denison fixated on justifying his career choice and explaining the challenges of being a massage therapist, stating:

> I have a problem with just, like, at the end of massage. Because two strokes and they're done anyway. So, you know, not much of an effort for me. But now it is my own business. I really do not want to change the business like that, although there have been times where I have been in sessions and people who are like well, "*Do you*…?," And I am like, ***'Okay, fine!'*** [speaker emphasis], whatever, just so I can get food on the table.

Dennison has a social security income of $1188 monthly, with $25 in food stamps; he lives alone and does not share expenses with anyone. His social security income is related to comorbid complications of a spinal disc fusion, as well as hypertension and HIV/AIDS.

His romantic life included three relationships, all of which ended due to some kind of infidelity; all three of these relationships also involved physical and verbal abuse from his male partners. His last romantic relationship was in 2000, with a man from the southern Caribbean who stood more than 6 feet tall and had a deep baritone voice. Dennison liked that his partner was a man of color, bigger than he was, and very masculine. He met him "on the phone personals. While I thought he was really nice, we did have our good times and bad times."

Dennison was constantly suspicious about this partner's fidelity; he denied having any real freedom to trust in this relationship. Yet, Dennison also lacked control of his

own sexual attractions and passions. This intense need for sexual gratification within and outside the relationship made it challenging for Dennison and his partner to sustain a romantic committed relationship. He recalled one time when he faked being sick at work and went home because he had an "eerie feeling…like he [his partner] was cheating on me." And when he arrived home, his suspicions were confirmed as Dennison found his partner sexually involved with another man.

Nonetheless, he defined his romantic life as separate from his sex life. During one interview, he stated, "At that time, I only had three partners and I was, I would not say I was steady with him, but I knew he was seeing other people too. So, it was just like a friend-with-benefits type relationship." When asked how many sexual partners he had in his lifetime, Dennison estimated "at least four digits," candidly stating that he was sexually promiscuous during his young adulthood. For a few years, Dennison also engaged in prostitution and escorting; he also appeared in several pornographic films. However, he recalls not having HIV during those years. In recalling his "careless" youth, he said:

> I just did not care about anything. I guess it was because my parents were so overly protective and did not let me do a lot when I was growing up... When I moved out on my own, it is like, this is what I am looking for. You could say I went crazy and experienced everything I could... I had no regard for anything... Actually, I am surprised that I did not get it back then because I was doing what I had to do to survive—escorting and things like that. I had a roof over my head. I was living out in my car for a while. It gets cold in the wintertime in your car, but I even did two stupid porns.

When Dennison became HIV positive in 2007, he was relieved that "it was finally over with." Addictions to sexually promiscuous behaviors continue to be challenging for him. On the night before our second interview, Dennison met a man he had been courting online for a long time who "is a counselor for HIV. He is positive, and we had bareback sex."

Dennison continues to frequent websites geared toward gay male sexual connections, and men searching for unprotected sex. Depending on the website, the disclosure of HIV varies. According to Dennison, on at least one site, it is assumed that you are either HIV positive or do not care about HIV infection, so no conversations about the disease are expected. On some websites, he noted, discussions about HIV are not tolerated.

When asked to elaborate on how his life has changed since his seroconversion with HIV, he said:

> I have my good days and bad days. Sometimes I am in good spirits. Other days, I am hating it. I hate medications. I hate the pathetic dose every day. But I just tell myself that it is you own fault, so now you got it, do what you got to do. I just take it one day at a time.

Beyond his online connections, Dennison struggles with believing in others and his place among people. He stated, "Even before HIV, I always felt like I just never fitted [sic] in anywhere. I just can't seem to find my niche in the world. I am going to be 50 in June, and I just still cannot seem to find my niche." He also believes that:

> In order for me to be accepted into the HIV world by people, it seems like I have to go and bring out that party person again. And I don't want to go back to doing the hardcore drugs and the other things. I just feel like I don't fit in anywhere. I basically have always had like four friends before the HIV that I could count on. And now, I am down to two. I think the other two just couldn't deal with it.

HIV has been woven throughout Dennison's young adult and midlife journey. When asked to describe what he knows about men who intentionally seek infection with HIV, he said:

> I just knew because of me having the preference for barebacking that sooner or later I would probably end up getting HIV. But it is not like I went out to do it on purpose. I did not definitely sleep with someone so I can become positive.

His acceptance of HIV seems part of the terrain of being alive and gay. Dennison explained that some days, he does not even think that he has the disease. But then, "when I have a bad day… I think about it, dwell on it, and kick myself in the ass."

Regarding his current social network of friends, Dennison revealed:

> With most of my friends with benefits, I do not know what is going on in their heads. Like I said, there are these hardcore partiers, and it is like your body is under compromise already and then with these hardcore drugs like Tina [street slang for crystal methamphetamine] and shit. They are smoking it, and it's almost like they are trying to kill themselves.

Time has influenced his views on HIV. Even though he was diagnosed more than 5 years ago, he acknowledged that "if this was 20 years ago, probably it would have meant a death sentence... it does not really scare me. I know if I follow the regimen, I can live a long healthy life. I mean it does sometimes put a damper on things like dating and stuff if the [other] person is not positive." When asked to clarify, he said:

> I am sure there are people that have, maybe because they love someone and they feel their life is empty without them, so they go on and make themselves sick. But when my lover had HIV, I wouldn't purposely get myself HIV to keep us together.

In wrapping up our time together, Dennison's self-selected, one-word descriptor was two words: "perturbed… frustrated." For his life to change, he said all it would take is "one good break." When asked what I should never forget about him and his decision to share his journey about living with HIV, he responded, "Everything."

Janus (Participant 3)

Janus—from the Latin meaning the *Roman God of Doors and Gates: Beginnings and endings*—is a Puerto Rican man age 61 years who has been living with HIV since 1998. Janus believes that he was infected with HIV by Angelo (also a pseudonym), but he does not have confirmation of this infection source. Janus wanted Angelo's HIV "because I loved him." Janus reported that Angelo was the only man he had sex with during this time of his HIV pursuit.

Janus comes from "a Hispanic, almost a Roman Catholic family." Most of his relatives in Puerto Rico are Roman Catholic, but his mother is a Protestant. Raised

through two distinct religious lenses, religion has always played an important part in his life. Although he does not speak to a professed faith of one religion over the other, he was insistent throughout the interviews that "faith has kept me alive." The church is, among other things, a reliable source of happiness for him. Although he has struggled with the conflicts of religion and sexuality, he never spoke to how he reconciles either religion's view about his sexuality, only that religion is important to him.

He completed high school and received a Bachelor of Arts degree. He likes learning, especially about history, philosophy, and the Middle Ages. He occasionally takes non-credit courses and is currently taking an online theology course. For the past 12 years, he has been romantically involved with his partner Conner (also a pseudonym). They do not technically live together because Conner is a cross-country truck driver who is gone for months at a time. He does not share living expenses with Conner. He described his life, even while Conner is away as "meaningful" and "wonderful," stating, "I am certainly not distracted. I am very focused on my academic work and reading. I am a voracious reader. I read two to three books a week. I am always at the library reading a lot of philosophy."

He secures between $23,000 and $24,000 annually through social security disability. In addition to living with HIV, he also has depression, hypertension, diabetes, and hepatitis C, all of which are under control. His mother is age 94 years; his father died at age 88 from coronary artery disease. His only sibling is his brother age 64 years, whom Janus described as "not homophobic at all."

As a young man, Janus lived in New York City where he attended college. During our interviews, he was exceptionally animated when discussing his college life, academic endeavors, cultural committee achievements, and his time in the choir. When asked to elaborate on his college experience, he responded, "I sang there for all my college years. We traveled to Europe. We sang in the Vatican, sang at Buckingham Palace." When I asked him to confirm that he said *The Vatican,* he responded, "Yeah. I lived a very rich life, my friend."

In 1973, Janus came to Philadelphia and he worked for 23 years in the family courts. However, for several months he was homeless and unemployed. After a decade of living in Philadelphia, he returned to New York City to tell his mother that his primary reason for moving away from home was his homosexuality, to which his mother responded, "Janus, I always knew." His father, however, never knew. In coming out, Janus recalled, "There were high-profile people who are gay: celebrities, Hollywood types, scientists, authors. I named all the well educated people that have been touched, so to speak."

Janus found the gay life enticing. With his mother's approval, everything else fell into place, and the church's dogma on the evils of homosexuality was no longer a source of guilt. Although I never learned specifically how he made peace with the religious dichotomy of homosexuality in the eyes of either church in his upbringing, it played an important part in his upbringing. Somehow, he was able to buttress his gay inclinations with his own religious and moral convictions.

In 1998, Janus was gravely ill with meningitis and was found to be HIV positive. When asked what he knows about people intentionally getting HIV, Janus replied, "Many have motives, a lot of motives. They do it because they want to be able to collect the disability, so they entertain their idea of getting infected. That is the best thing next to not working or, you can certainly quit your day job and work part-time." However, he also said:

> Or, it can also mean something that you share with your lover. It's that you are sharing a bond. It is strange. I felt that with Angelo. It was not for the money. He had something that I wanted, and he had something that I did not have, and that sort of kept us apart.

In contrast to many of the other men in this study, sexual promiscuity was not a large part of Janus's life. Even though he had been sexually active with men since age 21, he had fewer sexual encounters and fewer partners than many of the other study participants.

When asked if he could go back in time and change anything, he said, "I would not go back in time. Even when I was homeless, I was happy." When asked if he could speak to the person who infected him with HIV, Janus replied (in speaking to Angelo), "I still love you… I am honored." Janus recounted the time-consuming nature of getting a positive diagnosis—the numerous trips to physicians' offices, repeated blood tests, and his anticipation in getting confirmation. He even paraphrased a typical conversation between him and his physician, at the time prior to infection:

> '*Am I infected yet, doctor?' 'No, you are still negative. Come back in another three months, and we will retest again.'* And I kept going for about a year and a half, and then I got infected, so it was a while... But you have to catch it at the right moment, and it would take for me almost a year before I got infected with Angelo.

Janus is satisfied with his life now that he lives with HIV, especially because he believes Angelo infected him. In closing our interview, Janus stated:

> I would not have said a word a year ago. I was very reticent about my illness to even my mother. She was 80 years old when I got infected. Mom is 94 now. I no longer disclose that [HIV] to anyone. But it was very difficult even to admit that I was infected for couple of years, and I don't want anyone to know. I was paranoid, but I have come to the point where I am okay with it now. I feel comfortable in sharing the story with others, with you. It is okay. I am not going to die.

He believes that blaming gay men for the HIV epidemic is absurd, emphatically stating, "it is not a gay disease." In a jovial way that reinforces the prominence that religion plays in his life, he stated, "Everything can be fixed with ten Hail Marys and blah, blah, blah. That is the way I feel when I talk to you. You should be a priest." At one point, he even compared the sharing of his story with me to "confessing."

Janus has "been to the bottom," and he does not intend to go back. He denies having a distinct *before* and *after* life when it comes to HIV, stating, "Before [HIV], I was normal, I suppose—otherwise, maybe a normal definition. But you know, even with

the disease I still felt pretty normal." He said, "Now I am happy, I am comfortable with myself, and well defined. A lot of purposes in life that I will achieve before I expire. That's it!" With humor, he pointed out that he has been "sharing all these wonderful things with you." He was proud to tell his story and hoped that I had a clear understanding of his beginning and his imagined end.

Desiderius (Participant 4)

The Latin translation of Desiderius—meaning *so long hoped for, craved and desired*—is a description that fits this participant. To me, he is one of the most complex men enrolled in this study. Desiderius is an African American man age 51 years who speaks bluntly and articulately. He provided a very detailed recall of his childhood, with profound disclosures about his rationale for seeking HIV infection. He is a single man, who identifies himself as a member of the Baptist faith. He lives alone in a rent-subsidized apartment and is not publically out as a gay man. He never completed high school but passed his General Educational Development (GED) test when he was in prison. Currently, he is unemployed and receives social security disability in the amount of $669 monthly ($8028 annually); his disability award is secondary to a history of schizophrenia, not HIV. He has one regular male suitor who provides money in exchange for intimacy. According to Desiderius, his mental illness and his medical illnesses are well managed; he has not had schizophrenic symptoms or episodes in many years. Many years ago, he had Kaposi's sarcoma of his lower extremities treated with localized chemotherapy, with no recurrence.

Desiderius started our interview series by recalling his childhood, saying, "I came from [town name omitted], large family, single mother. She had four husbands. She never maintained a match. All of them were dissolved quickly, and we were a military family." He is one of nine children, which, to him, was always a problem:

> And the problems of dysfunction or whatever a family dynamic is can be difficult or paramount early in my life because in some communities, particularly the black community, there is a problem with incest or problems with abuse. So, that was accountable in my life. Early, around six years old with my brother, and it was a part of that family dynamic. And everybody in the family experienced it. So it was supposed to be not spoke[n] of, not talked about. You know in those difficulties that arise. From that, they probably have influenced or molded me in some degree. And then the rebelliousness of that, or whatever residual that had on me, having difficulty in school and throughout my teen years. At 16, I wind up in prison—handgun violations.

Although Desiderius attends weekly psychotherapy sessions, he has never told his therapist about his intentional pursuit of HIV. His psychotherapist does not know about his enrollment in this study either. To Desiderius, it was ironic how he learned about this study because his therapist gave him the recruitment flyer, saying, "I'm not sure why anyone would do this." Desiderius stated, "One of the most profound things that had struck me was how shocked the therapist was." Desiderius remarked that the therapist said, "You may not like this when you read it…", and then Desiderius told me that "I was quite curious about how she perceived it because a lot of people perceive it as an oddity… ***and it is not***" [speaker emphasis]. Desiderius said nothing to her after reading

my recruitment flier, but folded it up and called me 3 days later because, to him, "it's important that other people learn from my journey."

When Desiderius was a child at age 6 years, his older brother (age 12) began to sodomize him. By the time Desiderius was age 10 years, the sodomy grew to be a game that included several boys from the neighborhood who were friends of his older brother. Desiderius explained that this was "just something boys did." He stated that "was the most unconscious memory, but along the course of time… they lasted up until 19 years." He summed up his beliefs about the abuses, stating:

> It changed in dynamic over the course of time, and then I took upon other partners along the way. I thought it was as fascinating, interesting, and it was the only attention I was getting at that time. Very violent because penetration altered [my] sleeping habits. I experienced psychological problems and bedwetting for a long period of time.

Desiderius recalled that when he was age 10 years, he tried to seek help by telling his mother about the abuse. When asked to recall that conversation, he explained:

> He [the older brother] was one of her favorites, and she accosted me terribly. Told me, "You are not going to mention it again!" which damaged me a little bit. The trust that I had in her, whether deserved or not, has never been able to be repaired from that, and I was always on a tightrope trying to repair that lack of trust.

His sixteenth birthday represented a turning point for Desiderius. He received a handgun as a birthday present, with the thought that "maybe you can defend yourself." He said, "A gun for my birthday, and I enjoyed the aspects of it. I enjoyed what it made

me feel like, powerful. It made me feel I did not have to fear anymore. Growing up in a project community in [town name omitted], you dealt with a lot of fear."

Within a short span of time, the use of the handgun resulted in a crime, and subsequent incarceration. He traveled through juvenile detention centers until he was age 18 years, at which point he was sent to finish his sentence in an adult prison. This period is when drugs changed "my personality… everything." Desiderius explained:

> At some point, I did not have fear anymore. I was able to carry that [the gun] around and wind up in an altercation, which got me… 10 years in prison. And I went to prison, and I first experienced the monotony of prison life, doing the same thing every day, being told to do the same thing every day, and not having any requests of change. And I remember distinctly fracturing some sort of reality where I did not want to cope anymore with other interaction with inmates. It was not abusive like you would read in fiction or whatever. It was very manipulative. It was real. And I was always manipulating what we consider *things for things.* And you *got* things if you *did* things.

The prison years were important times in his life: "You are able to do so much with the corruptions. The guards are corrupted. You are having sex with the guards, and you are having exchanges." Most clear to him was "the corruption and the sex and the violence and other things became intense… very stressful, mentally for me, and I resorted to… heroin."

Tallying his sexual experiences during his youth and adolescence in the projects of a major city, the prison systems, and in his adult life, Desiderius estimated that he has

had sex with at least 400 men. He recalled the Department of Health visiting his house when he was about age 10 years, to manage a community epidemic of syphilis, with which he and his brother were both infected:

> The nurse arrived at your front door. And it was a difficult time for my mother. In [town name omitted by me], when the nurse arrives at your door and makes a statement, that she is coming to find this particular person because someone has mentioned your name. So, you have to report and then you have to confess all your partners.

He recalled not telling the authorities that he was sexually active with his older brother because of "taboo… and the fear of what may happen" if the authorities found out what was going on in the house, "even when I identified that it needed to be told." Now, all he knows about that brother is that he died of complications of HIV. However, Desiderius is confident that he was not HIV positive before he went into prison, so he does not believe that he was responsible for infecting his brother.

Conservatively, he thinks he had sex, did drugs, or both, with about 100 men after he made the conscious decision to seek HIV inside the prison system. He told me, "I do not believe that I got HIV from a gentleman on a sex act... I had experience with HIV drug use." According to Desiderius, drug use and sexual encounters easily and frequently melded together: "I think they come at the same time—one [drug use] feeds on the guilt, and [sex] one sustains the guilt." Once word got out among the inmates that Desiderius had HIV, he was off-limits sexually. A diagnosis of HIV in prison meant "being left

alone," effectively going to "solitary confinement for two years." HIV also meant that the rapes stopped.

Desiderius likened his heroin use to self-administered anesthesia. He said his drug history and his identity as an addict affected "a lot of things." In one regard, he was fearful for his own welfare. Yet, in another, he said, "it becomes intense, but it never affected me in such a way where I thought it was abnormal. I just thought it was a part of my life. I just could not bear it anymore."

Throughout our interviews, he flipped back and forth between the past and the present, stating, "I have never interacted well with others. I have always put up defense mechanisms or a mask or whatever I was feeling in order to cope."

We discussed why some people might find it hard to imagine that anyone would intentionally seek out HIV infection. Desiderius replied:

> No, it is not hard to imagine, not to a great degree. If you are part of that group that has become disenchanted or disfranchised—and it has nothing to do with class or money or anything—but if you become a certain bracket of the community, you have ventured on that road, or you have made a decision to go toward that inevitability. This is inevitable and it is going to happen. Then, it is not impractical to imagine someone going to just get it over with.

He concluded by firmly saying that the "unspoken truth" is that getting HIV on purpose also means, "in the back of my mind, as a deciduous mentality, I am wanting to end life."

Today, Desiderius admits that HIV is "a part of me, so it is not something I detach from." Recalling his sexual experiences and his previous work as a male prostitute, he stated that the use of latex barrier condoms or any level of protection from infection was:

> Not the status quo. Never was there the issue of protection, and a lot of times, it was frowned upon… It was the subject matter that had to either sneak to do, and it was considered sneaking… To use the condom or not share the fluid was frowned upon. I identify for them, but from what I perceived it to be, it was full accomplishment of how they perceived the act. Having someone ejaculate inside, that is what the objective was... To share the fluid was accomplishment, so they are in.

Today, Desiderius foregoes heavy social involvement, saying, "We go with what we know, and I am always mindful of not playing the victim's role because this was something that was more likely part of my plight, whether I wanted it to be or not, because of the choices I have made earlier in life."

For 8 years, he has abstained from sexual activity, with the exception of the one man he sees regularly. When asked to define their relationship, Desiderius stated that he is "with the Arabic man…. It's sporadic, and I have chosen to keep him for whatever reason, because he is distant." Desiderius believes this man is affluent and only knows his first name. He does not think this man has HIV, but Desiderius has not revealed his HIV-positive status either, emphatically stating, "We never discuss HIV! Because he has supplemented for whatever reason my income over the course of years. So, it could be

labeled as prostitution. It's just been one individual. Because it's nothing intimate about it… It's just an act."

Otherwise, life with HIV "is a bit difficult now. I do not find the same pleasure. I do not seek the same pleasures. It is quite disappointing, and you become disenchanted with the idea because a lot of it has to do with acceptance." Even family is kept at bay and "fractioned off." When he went back to [town name omitted] last Thanksgiving, he saw one of his sexual abusers, who is now age 73 years. Despite decades of intervening time between the last incidents of abuse, Desiderius views this person as "the predator amongst the family," and refused to shake his hand.

As we concluded our series of three interviews, the last question asked to Desiderius was the same as all others: *What is it about you that you never want me to forget?* Desiderius's response was, "I will not leave a legacy of any kind physically because I have no children, and I did not develop in that area of life. So these stories are my legacy." When asked to describe himself in one word, Desiderius chose "desperate", explaining:

> Because at times, it is like looking for a life preserver in a large ocean of loneliness and despair. And you are just hoping you are a survivor, that is, knowing that it is a possibility… that I am curious out there or new research is out there, or something that would benefit you, but you just got to hold on.

Karan (Participant 5)

Sanskrit for *warrior*, the name *Karan* best describes this participant. He is an African American man age 40 years who is soft-spoken and sincere; he is pleasant and

makes frequent eye contact throughout conversation. He has an inviting, proud smile. Karan has been living with HIV for 18 years; he was diagnosed with the disease when he was age 22 years. Similar to approximately 50% of the men in the study, Karan is not completely satisfied with his life now that he has HIV, and his fight for survival is ongoing. He lives with his parents and a few nieces. When asked to describe what it is like living with his family, he stated, "total dysfunction…there is a lot of anger that is kind of supplemented. There's a constant tension whenever we are together in the same space."

Karan completed high school and 2 years of college but he was never awarded his Associate's degree. He is a single Christian. Other than HIV, he denies having any other medical problems, but he does have a diagnosis of bipolar disorder. He describes his current mental health as stable, which is one reason that he wanted to tell his story. He is currently unemployed, and he receives public assistance because he does not qualify for social security. He receives $205 monthly, with food stamps and Medicaid benefits. He secures his HIV medications through the Commonwealth of Pennsylvania's Special Pharmaceutical Benefits Program (SPBP).

He identified as a gay male around the age of 11 years. His first sexual experience with another male occurred when he was age 16, but he did not have sex again for almost 4 years. His pursuit of HIV lasted for approximately 2 years and included between seven and 10 sexual partners. He has had anywhere from 20 to 30 sexual partners in his lifetime. However, he said that he believed that the man who infected him with HIV was the man he had sex with when he was age 20 years. Karan said that if he had the chance

to talk to that man, he would tell him, "I forgive you." He denied ever having a partner whom he would call a lover.

Karan's early adult years included conflicting beliefs between religion, his identity, and his thoughts about who he was supposed to be as a man, especially given the church's lack of acceptance of his gay lifestyle. He told me:

> The church that I was in kind of threw me out when they found that I was gay, and I believe that had a lot to do with my decision to become sexually active, and I did not really have a bipolar disorder at that time. I was not infected, but I did figure that I should get AIDS. I should get HIV because there is no reason for me to live on anymore. And so I became sexually active and I used condoms inconsistently. If the other person did not insist, then I usually forgot it.

Unsafe sex was his way "into a suicide pact." Sex to Karan was a double-edged sword: sexual pleasure and intentional infection with HIV. He said, "I felt I deserved it, the infection". No one knew of his pursuit to get HIV, and he shared:

> Looking back on those days when I was seeking to be infected, it was [supposed to be] something quick. I would have sex, and then in six months, I know they would say, "You have HIV, and you're now lying in bed and will waste away and die." But it has not worked out for me.

Karan sees a psychotherapist weekly and has shared with his therapist his intentional pursuit of HIV. He spent many years working through self-hatred and self-anger, mainly due to his decision to seek out HIV infection. In discussing his therapy

sessions, he admitted, “It’s been hard working through those issues.” On some level, he was shocked to hear his physician confirm his HIV-positive diagnosis, but he explained:

> I think it shocked me because, even though I was expecting it, just hearing it aloud, it was shocking. And as I said, then I felt I deserved it. And then again the feeling that this had to happen, this is the only way my life is going to be resolved. It sounds strange but you know that will be the resolution—to get sick and die.

Karan believes he continues to grow as a person. When asked to describe himself in one word, he said “deeper.” When asked if he would go back in time and change things, he said he would not because he has “gained such wisdom.” He smiled when he explained that “having HIV is not the worst thing that could have happened… it brought me to a better place spiritually.” He made a point of wanting to clarify a comment that he made during our second interview session:

> In our last session, I said something that kind of surprised me. I have not thought of it consciously that way before, and I think I said that I thought contracting HIV would now someway make me holy.

When I asked him to clarify what “holy” meant, he remarked:

> Yeah, I never thought that consciously before. I don’t even know exactly how I accumulated it in those words, and that kind of stuck with me. I was kind of sick on the one hand, and on the other hand, I am looking back at the kind of person I was. I can understand where that came from.

His only regrets stem from those whom he may have infected. He hopes the gay community can learn from him, and learn to reach out to younger gay men, to help them in their development. He would like to serve as a role model, to show young men who are struggling with their sexual identity that there are alternatives other than suicide. HIV does not have to be a means to an end. In closing our third interview, I asked Karan what it was that he never wanted me to forget about him. Karan said: "I am not unique… there are a lot of people like me, they might not go as far as I did, but I'm not unique."

Delbert (Participant 6)

Bright as day is the Old English meaning for the name Delbert. This name perfectly matches the sixth man who enrolled in this study. Delbert is a funny man who laughs a lot, is mischievous, and eager to talk about himself. He is one of two men in the study who is currently HIV negative. He is in love with his current partner but cannot legally marry him. However, he claims that he can prove his love "if I get his HIV." Delbert is age 33 years, and describes himself as African American. His father is Jamaican. His mother is a pastor who insists on keeping a Christian home. He comes from the projects in a poverty-ridden city located in [state name deleted]. He has one younger sister. When his parents divorced when he was 15, he began getting into a lot of trouble. Without a prominent father figure in his life, Delbert became "a troublemaker."

His mother "made sure" that he completed high school. After high school, he "went to New York City, got into a gang, and got in trouble. Went to prison for a couple of years from 17 until 25. That's when I started really getting experienced and who I am." According to Delbert, "prison changed my life." Although it took many years, Delbert

was able to straighten out his criminal past. He now works full-time in a warehouse, "loves his job," and has an annual salary of $20,000.

Delbert explained that one of the most important changes was the discovery of his sexual identity. His sexual debut, at age 12, was with a female partner. He did not have sex with another man until he was incarcerated. However, that interaction was not so straightforward. In prison, he met a preoperative transgendered male-to-female inmate who was housed with him in the same cellblock. He admitted to being both confused and attracted to this person whom had breast augmentation and male genitals, recalling:

> I was in prison, and I was in New York City, and when I hit 18, they put me in the big prison. When I was 17, I was in juvie [sic]. At 18, they put me in the prison, and that is when I started encountering the homosexual community. We had oral sex, anal sex, and that is what made me realize that I was homosexual. Yeah, that is when I realized who I am.

His father died soon after Delbert went to prison, and Delbert's mother assumed both roles as mother and father. For a time, he struggled with his father's death, stating, "You know what I mean? I cannot go back to [my hometown]. I was depressed for a minute. Really, I was lost, I was broken." He regretted the separation between him and his father, and lamented that his father died soon after they reconnected, explaining:

> I was totally depressed because that happened. But maybe God talked to me and said, "He is in a better place" and not to worry about it. I cried many nights because I finally get to know my dad and then, he's gone… Like, "Why are you

doing this to me? You know I am finally getting in touch with my dad and this happens." So, it certainly hurt me.

In addition to mourning the loss of his father, he also spent time in jail "crying for my mom. My mom changed my life and everything… My mom is my everything." As if addressing her directly during our interview session, he confessed in sorrow: "I put you through everything, through all this hardship and everything, and this is not your fault."

Now, he maintains a very close network of friends and family. One man named Clayton (also a pseudonym) came to his rescue when he moved from the prison system back to Philadelphia. He called this man his best friend, but revealed that after Clayton died unexpectedly, Delbert started drinking alcohol "to recover from the pain." Delbert stated proudly that he recently completed his first year of sobriety. During this time, he sought comfort at a local non-denominational spiritual retreat center for people infected with or affected by HIV.

Delbert is currently involved in a romantic relationship with an HIV positive man named Joel (a pseudonym); they met at a spiritual retreat and have been together for 8 months. Joel is a religious Caucasian man who was raised in southeastern state. Joel knows that Delbert is trying to get his infection because they "discussed it" once; but according to Delbert, Joel now refuses to talk about either his disease or the potential for transmission to Delbert. Both men refuse to use latex barrier condoms. Delbert reminded me on several occasions that "I want HIV—just like him."

Delbert seduces Joel regularly, and admitted that part of his attraction to Joel is his HIV status. In fact, Delbert was positive that the present sense of satisfaction and

calm in their home would only expand if he became HIV positive too. He described his commitment to seeking Joel's HIV, saying, "It is like, this is my spouse, and I am doing it for him. But I don't want him to be alone. Well, we made it, and I got it from you. This is the person that I am going to share it with."

In clarifying his commitment to and love for Joel, Delbert worries that Joel's HIV might lead to feelings of isolation because only Joel has the disease. Delbert stated that additional conversations with Joel about HIV were unnecessary because "we talked about it once." However, Delbert also takes his role as protector very seriously. Now that he and Joel are together, his intent is to follow through with the self-imposed expectations that he associates with the role of protector. In repeating his worry for Joel, he stated:

> I just do not want him to be alone. My mom always told me that if you love that person, you stay by that person. You know what I am saying? You love that person and stay by no matter if they are big, fat, skinny, ugly, or beautiful. You know this is how it should be.

Delbert is convinced that, if he had Joel's HIV, the shared infection would seal their relationship. To Delbert, HIV is a badge of identify that lasts forever because "HIV is just is how he [Joel] is." But Delbert also stated that he can "look past" the disease. We closed our interviews by discussing what sharing his story has meant to Delbert. He declared that he would not change a thing if we were to start the interview series all over again. When asked to predict what he thinks will change in his life after HIV, he claimed, "It will still be the same." His one-word summary of himself was "humble." When I

asked what I should never forget about him, Delbert responded, "I am talkative. I speak my mind… People roll over, but I speak my mind."

Jedrek (Participant 7)

Jedrek was the seventh man enrolled in the study. My chosen pseudonym for him means *strong and manly* in Polish, and his outward image as tough, robust, and non-feminine is very important to him. Jedrek came to the study through word-of-mouth at an HIV center in Philadelphia that was established more than 20 years ago as a community outreach for African Americans living with HIV. On hearing of this study, he acknowledged that it immediately made him ponder his life. He decided it was time to share his story, so he *secretly* called me.

Jedrek is an African American man who is currently unemployed at age 49 years. Due to complications of diabetes type II, hypertension, hepatitis C, and HIV, he receives social security disability in the amount of $720 per month. He lives alone and does not share his living expenses. His access to healthcare is through a state-supplied welfare product. He has been living with HIV since 1984 and does not view his life with the disease as fulfilling. He never thought he would be sharing HIV stories 28 years after becoming infected.

As a young man, he was very promiscuous, having had sex with more than 50 men after his sexual debut at age 12 years. He clearly recalled his sexual debut, which began as an experiment with "my neighbor. We went to school together. I enjoyed it. I knew that it was different, but I always enjoyed it because all that was in my head was that I always liked boys." He became infatuated with his first sexual partner, saying, "I

liked it, yeah. I used to always try to position myself to be right where he was at… looking up the street to see if I see him coming out, and when I did, I would drone out the door. Little crazy stuff like that."

As an adult, Jedrek viewed himself as "more alone." He stated that he is very selective about where he socializes, and with whom; infatuations are now off-limits. However, as he reminisced, Jedrek stated that "maybe, just maybe" he should have navigated a relationship with a previous partner very differently than he did. Jedrek met Peter (a pseudonym) when he was age 22 years. Jedrek's life changed significantly when he made the commitment to Peter. Although Peter was HIV positive, Jedrek did not know this until Peter died. However, Jedrek did not blame Peter for not disclosing his illness. To Jedrek, Peter's HIV status did not matter. All that mattered was that he loved Peter, and nothing was going to come between them. Although they never discussed HIV specifically, Jedrek had suspicions that Peter was sick, but he refused to bring up the topic to his partner.

In the early 1980s, a great deal of confusion and panic there was surrounded HIV/AIDS, then called *gay-related immune deficiency (GRID)* or *gay cancer*. Although the sickness created fear within the gay community, Jedrek did not believe that he was misinformed or misled. Rather, he simply "ignored it." He and Peter were very sexually active, and, despite obvious concerns in the gay community about the proliferation of HIV infection, he chose to focus on his relationship with Peter, saying:

> When I think back… He was a good, caring person… If he did tell me, I really think in my heart that it would not have made any difference. I loved him that much. If he had told me, I would have not really cared.

While relating this feeling, Jedrek began to cry, saying, "Even to this day, when I talk about him, it is still sad." As I attempted to console him, he said repeatedly that it did not matter that Peter had HIV, reminding me, "All these years later, he has been that good to me." When asked if he knew definitively, or even suspected, if Peter were HIV positive, Jedrek remained evasive in his answer, yet consistent in his message, stating, "Even if he would have told me, and I had seen him and how sick he was getting… it would have never mattered."

Nevertheless, as the years went by, his sadness over the loss of Peter lingered. Jedrek turned to alcohol, the drug Xanax (alprazolam, a benzodiazepine), and cocaine to self-medicate. He was also arrested for attempting to pick up an undercover police officer who was posing as a male prostitute. Now, he views life as a constant balance, a puzzle:

> Yeah, in my life, I am riding a big chariot horse, and I am just pulling all the reins. And just getting everything, just pulling, it ends just like I have to slow down, hold up, take it easy. Child, that's right, look at it.

When we discussed his feelings about people who intentionally try to get infected with HIV, and if there are benefits to living with HIV, Jedrek stated, "You have places where you can go for just HIV people, compared to other social groups. It is... like a ***class of its own*** [speaker emphasis]… and nobody is afraid to get it." He vehemently denied

any sense of being lied to by Peter—he was confident that there was no intentional deceit. As we delved deeper into his views about HIV, Jedrek shared that the literal aspect of being infected with HIV is "simple… he [Peter] just gave it to me." In comparing then and now, Jedrek believes that his life has not changed:

> I am not downtown much at all, but when I do, I walk up 13th Street just to see who's there. People are still hanging out, and boys are still out there flagging the cars down… So that lets me know that they are not afraid… I talked to one guy, and he is not afraid. I talked to him last week, and he told me, "Yeah, I do not go out on 13th Street anymore." So, I asked, "Where do you go? ***Because I know you go somewhere***" [speaker emphasis]. And he stated, "I just go to the bathhouse."

Jedrek recalled the carefree attitude of the early 1980s, when it was simple "just to have sex… no exchanging phone numbers and no names." But he also recalled being scared about HIV/AIDS, and it being viewed as a new "Bubonic plague," stating that "within a three-month period, I must have lost 10 friends."

Our third interview began with Jedrek telling me that he is "just starting to be comfortable after 28 years." He explained that his earlier life was spent balancing fear with ignorance. If offered the chance to turn back time and prevent his HIV infection, Jedrek said:

> When I first met him [Peter], it [HIV] was just starting. I have never protected myself or nothing like that… because I was assuming that I am with him and did

> not have to worry about anything. Even if I had the choice to take it back or keep it, I would have just kept it… Peter had it and… I was obsessed with this person.

He recalled that his mother, despite her fondness for Peter, often expressed concern over Jedrek's well-being, describing conversations where "at one end, my mom is crying and screaming, 'Be careful' and 'Protect yourself.' And I would totally just block her out and focus on Peter." Jedrek recalled one particularly heated discussion with his mother:

> I said, "That is my man, and I am going to sleep with him and use him"… And there was [sic] days she would be fed up with me from being with him. At times she would say, "I want to sit down and talk with him." And I was like, "OK, I got to sit in on that conversation. You are not going to say nothing or run him away from me."

Today, the important people in his life, such as his parents, his pastor, and his pastor's wife, all provide an encouraging environment for Jedrek's sobriety and general well-being. Most of Jedrek's important people "are very supportive", although he readily acknowledged that "they do not really say too much about it... but I know what they mean when they say, 'How are you doing? Are you okay?' They just give me a hug and an extra 'alright?' and 'okay?'."

Sharing his story has shown him that he has "grown in a lot of areas." He also believes that sharing his story has been a catalyst to open doors, overcome haunting memories, and hopefully create friendships and allegiances that can help him get closer to the goal of a calmer life:

> Before, I could never sit and go through anything like this. Because even at times when I think of Peter, or my Mom, and my Mom saying ***'You know what Jedrek—I miss Peter… I miss Peter'*** [speaker emphasis]. And then I would just break down and cry. My mom's like 80 now, and sometimes she'll go back 30 to 40 years, and I'm like, "Huh?" But I'm getting better with a whole lot of it.

When asked if he would go through these interviews again, or if he would do anything differently, he said he "would not change a thing… because it helped me see that I grew." He imagined that there are rewards for others who read about his journey, "so if telling my story helped someone else, it sure helped me."

> When asked to summarize his life before and after HIV, Jedrek stated,
>
> I was working all the time toward Peter. I was just gung-ho for Peter. Everything and anything I did, I did it for Peter. Then he started getting sick. And then that was it. It was rocky for a while. I streamed it out. It's getting better.

Oddly enough, he worries about letting people in to provide him with assistance, but he also admitted "sometimes you have to let the help just help you. Just get out of their way."

When I asked him to identify the most important thing that he wants the research world to know about him, Jedrek stated, "Anything and everything I've done with this study. I am confident you know what to do." He added that "May ninth of this year [2012] is 29 years positive. My CD4 cell count never goes above 40 for all these years. My doctor calls me 'Wonder Boy.' I just say my prayers, believe in the doctors." He shared one of his physician's favorite analogies: "The house is on fire. We put the fire

out. The house is gutted, but we can repair it." Going forward, he aspires to be "regular ole' Jedrek."

Through this research, Jedrek's goal remained "to be remembered. I hope I said something that can help somebody along this journey in a good way. I thank the researchers in helping me with years and years of research. I have grown from this, and I thank you! I hope you never forget that I thanked you."

Jeremy (Participant 8)

In the Hebrew, then name *Jeremy* means *God will uplift,* which perfectly embodies the attitude of the eighth man in this study. When I asked him to describe himself, he stated, "I am a very open type of person, very honest, very cheerful, very spontaneous… always been… I love the arts, I love people, I love my kids… I am very spiritual and very religious."

He is an African American man age 49 years, with strong ties to the Pentecostal church. He is HIV positive, and until recently, much of his life had focused on "blaming me, blaming God, because I did all this." His phrase *all this* means witnessing the loss of his immediate family in a house fire in the year 2000. Jeremy was very candid about his struggles with the guilt of his own survival. He directly attributed the death of his family to his early and promiscuous sex life.

Jeremy completed both high school and college, and received a Bachelor of Arts degree in marketing. Currently, he is unemployed. His medical diagnoses include HIV, diabetes type II, asthma, and depression. His monthly financial income from social security is $1100. As a veteran, his medical coverage comes through the Veterans

Administration. His life story is a web of conflicts, difficult choices, and bad memories that started as early as age 4 years.

Jeremy was born in the southern part of a western coastal state in 1963; he is the first of 47 grandchildren. His biological mother died from sickle cell anemia when Jeremy was age 4 years. His biological father, with whom Jeremy had had only minimal contact, was incarcerated for embezzlement at the time of Jeremy's mother's death. Jeremy was sent to live with his paternal grandparents on the East Coast. His grandparents had 12 children; when Jeremy came to live with them, his grandparents had "already raised their kids" and only their youngest child, at age 18 years, was left in the home. Jeremy shared strong memories from this early life in a small, predominantly White borough in southeastern Pennsylvania. His paternal grandfather was a bishop and the pastor in the borough church, which meant "my grandmother is the first lady, and my grandfather is so busy, because as bishop and pastor, he was traveling all over."

As Jeremy recalled some of the painful memories of that time, he said emphatically, "Remember, this is all true." He recalled attending his mother's funeral, and the experience of the church service, stating, "I remember my mom. I knew that it was my mom in the casket. They had to take me out because I went hysterical and start calling, *'**Mommy!**'* and *'**She won't wake up!**'* [speaker emphasis] And I was getting irritated." This conversation sparked lots of conflicting inner turmoil during our session, and, as if to present something more balanced, he rapidly recalled another memory, a happy one of him and his mom at the beach. But then he revisited her loss, stating, "I had these dreams all through my life. I still do to this day. She is holding me in her arms, and

she loved me, and she is going away… to the death place. I remember everything she said."

Jeremy also recalled going to church four to five times per week, saying that he "felt I had a higher power at a very young age, not because of my grandparents, but because ***I found it for myself***" [speaker emphasis]. At the same time, he also recalled "not being sure where I fit in" given the dynamics of his grandparents' house. Jeremy's primary source of worry at that time was who was going to care for him if something happened to his grandparents. He explained that "my aunts and uncles would all switch off every weekend. I would just give my grandma a break, and they would take me."

Jeremy has many memories of one uncle in particular, his father's brother, whom he gravitated to almost as soon as he arrived at his grandparents' house. He told me:

> There was this one uncle who would take me all the time. Don't get me wrong, I really adored him. I do like him, I really liked him, and he is one of my best uncles, giving candy, going to see football and basketball games. He played football and basketball and soccer with me. Don't get me wrong, and if I didn't want to tell you… I didn't understand how I could love this man and hate him at the same time. I want to understand how to love this guy and hate him at same time.

Moving on to describe the uncle's abuse, Jeremy said:

> And I tell people, it wasn't a gradual thing, a sexual thing. It was a ***seduction*** [speaker emphasis] type of thing that led to the rape and the molestation. You do not know at age four. You do not know what is going on… I mean, if you go with

> your uncle to his house and he gives you a bath. ***Well, grandma gave me a bath*** [speaker emphasis]. You know what I mean? You don't know what's going on with the touching. You just don't know until you start getting older, and you start hanging around with friends and boys, figuring things out that don't seem right. I was confused.

Regarding his memories of the baths, Jeremy talked about "the touching, the kissing," but he was quick to point out that, "at that age, you just think that is being loving… I didn't know he was a pedophile." Jeremy never talked about the molestation because of the risks, stating, "I never told… I mean it is my grandparents… I could not tell them because they are such important people. I knew not to embarrass them, even at a very young age." When Jeremy was age 11 years, the abuser died, and Jeremy remembered thinking, "Okay, well, now I do not really have to say anything."

Around age 12 or 13 years, Jeremy returned to the West Coast to live with his father, and again "my life totally changed." Regarding his father's attempts to re-establish their family connection, Jeremy stated, "When he got out of prison, he just got remarried. I guess he wanted to remake his life, for the courts to think he is taking care of his child."

His father was a drug dealer, and his way of life was "like night and day" from what Jeremy had become accustomed to, growing up in the church, being in the choir, and having well-grounded beliefs supported by his grandparents. Added to that were the burdens of trying to fit in as a teenager. Boys in the neighborhood taught him "street smarts" after he stumbled upon a kilo of cocaine in his father's basement. With the help of the neighborhood boys, he quickly learned what cocaine was, although he admitted to

feeling "stupid" because the boys knew what it was, and how to use it to make money, while he did not. "My friends convinced me… we could sell it," and "I'm learning… trying to fit in."

The neighborhood boys "taught me the ropes… everything," which included taking drugs, selling drugs, and all about sex. He said, "We did not label it, we was just having fun with each other." When asked if they considered themselves gay, he emphatically responded, "**NO!**" Jeremy continued to sell drugs with the boys, "having fun sex together and making so much money." During our conversations, he talked with clarity about the haphazard nature of his life during those 2 years, and his low spot in the pecking order among his friends. Even at that time, he knew that he was being marginalized by many of life's circumstances, but he did not have the words to express it. During his early teenage years, his relationship with his father deteriorated to the point that they "never got along." This decline was accompanied by other milestones: "staying out late, experiencing girls, selling drugs. That is when I started being totally opposite to who I was."

By age 16, Jeremy had been regularly having sex with female partners, and he fathered his first child, a son who was now age 33 years at the time of our interviews. Marriage followed, and Jeremy stayed with his wife for 10 years. Eight years into the marriage, he and his wife had their second child, a daughter. During 4 years of their marriage, from 1980 to 1984, Jeremy served in the United States Navy. These times were challenging for Jeremy, and he stated that his private struggles with his sexuality were something that no one in his family knew anything about. However, he always remembered the boys in the neighborhood, and the times with his uncle:

> That actually paved my world, my way in life… Because I did not know if I was straight, if I was gay, or [if it was] something I just going to like grow out of… it paved a lot because I was confused a lot!

He also struggled with the knowledge that his wife had an affair while he was deployed in the Navy:

> Well, then the big thing that happened. I was mad because she was cheating on me when I was in the Navy… I was going to come back a week later. But I came back a week early. I found her in bed with my best friend.

Jeremy and his wife eventually divorced, and his ex-wife and two children live on the West Coast. Following his honorable discharge from the Navy, he completed college in 1988 at a state university on the West Coast.

Around 1991, at the age of 28, he recalled accepting his gay identity, but he did not come out as a gay man until after his divorce. He said, "I can actually be myself a little bit more and I don't have to like be accountable for anything. There was nobody… ***The kids?*** [speaker emphasis]—she is raising the kids. I had gotten a great job in [town name omitted]." During these next 2 years, many people came and went in Jeremy's life. His home life became more and more unstable, and time began to blur. His memories of childhood at age 4 years are clearer than those at age 30. Jeremy summed up his attitude at that time as: "I always said I wasn't gonna catch HIV, but I started living the wild life. Maybe six months after living in [town name omitted], I was introduced to crystal meth."

It was not long before drug use and sex addiction took over. When asked about the allure of methamphetamine, he stated, "I knew from the start that crystal meth was

going to be my drug of choice… It made me feel like a new man… it boosted my sexual horizons." Although memories of those days are choppy, he admitted to being with "too many men," doing "too much meth," and "too many intravenous drugs." When asked about his number of sexual partners, he estimated "more than three hundred, maybe four hundred." He recalled "shooting galleries," "sharing needles," and "orgies with six, seven, eight men at a time." When I asked him whether he was concerned about contracting HIV, he replied "the shooting, it changes everything. Either you want more sex or more drugs."

His party life came to an abrupt halt in 2000 following confusion about his sexuality and the fallout from drug abuse. Jeremy explained, "As I tell you more about my story, I guess you'll see why I kinda [sic] went crazy… In the year 2000, I tried to commit suicide." He described a house fire that resulted in the deaths of his fiancée and their infant daughter, age 2 years. At that time, he said, "I didn't care if I was living or dying... I saw the fire, and I could not get them out. It was one of the most psychological things I went through, knowing I could not get them out of the house… Then, breakdown. I was inpatient for six months down at Louisiana."

After a long pause, he recollected his thoughts and talked about the insurance settlement from the house fire. During this period, the downward spiral of his addictions regained momentum. With the insurance settlement came access to money, and his drug addiction worsened. Jeremy said, "It was just, afterwards, I have the money; I was trying to commit suicide." HIV was the answer, so "back to [town name omitted]. I knew about the bug. I didn't care."

On the Internet, he learned about "barebacking parties" and began attending with great frequency. Although he often wondered if he were already HIV positive, he remained untested. He was unable to estimate how many men he had anonymous unprotected sex with during this phase of his life, stating, "I did not know if I had HIV. I probably had HIV then. It was just that I had the money. I was trying to commit suicide… I was so hurting about what happened to my family, and I want to be with them anyway, so I am going to die."

Jeremy would definitely turn back time to avoid his HIV diagnosis, but he preferred to go back further and wipe away his drug abuse, which he sees as his life's real burden. He wondered if the early sexual abuse by his uncle made him the man that he is, stating,

> I am trying to figure out if that did not happen to me, what would my life have been? Would I have done what I done and did what I did? Would I be gay? I do not know where I would be if that did not occur… I'm always trying to figure that out.

Although he questioned the impact of that time in his life, he was unwilling to erase it because he believed those experiences were crucial in forming who he is now. Jeremy expressed disappointment at knowing that he will never know all the answers to his questions, but he is "proud to be gay" and is confident that "I still probably would have been interested in men" even if the sexual abuse never happened.

He denied any suicidal ideation and remains medically and mentally stable, as long as he takes his antidepressant medications. He mentioned that he "never thought I'd

see 50," so he is thrilled to still be alive. He half-heartedly joked that he "tried to commit suicide a couple of times and couldn't even do that right." According to Jeremy, his medications have allowed him to finally get his life together. In addition to being sexually abstinent, he has been drug-free and in recovery for 1 year.

As we ended the interview, Jeremy said he hoped to see an HIV cure or a vaccine in his lifetime. In addition, he said that he hopes his sobriety will reassure me of his sound state of health, stating:

> I gave my life back to my high power, God. I feel I am over that "poor me" thing and that suicide thing. I am doing what I am supposed to do. I am exercising. I feel good and eat a lot, take the medicines. I think I feel good. I think this is the best I have felt in years.

After a long pause, he described himself as a "survivor." Then, Jeremy asked tearfully that I never forget "I am a good person. I want to be happy. And I am going to continue working in the gay community to do other research. I want to be more involved." Smiling at me, he ended our time together by telling me that he was "surprised how well this went." Finally, to the person who infected Jeremy with HIV, he would like to say, "I don't hate you. I did what I did, and I'm alright with it."

Diggory (Participant 9)

Diggory, in Cornish or Old French means *lost or strayed,* which describes a large span of time in the ninth participant's life story. Diggory enrolled in this study after learning about it through word-of-mouth. He stated that he did not need a lot of time to think about whether he wanted to participate; he was "sure" from the outset. An African

American man age 52 years, Diggory has been living with HIV for 26 years. He has remained healthy for many years, and only began antiretroviral medication two years ago; thus, he has a medical diagnosis as an HIV non-progressor. His healthcare coverage is provided through Medicare/Medicaid for both his HIV-related illness and his coinfection with hepatitis C; he has no other comorbid medical or mental health conditions. He completed high school, but never attended college. He has no religious preference. He is single and does not share life expenses. Currently unemployed, Diggory receives public assistance of $205 per month.

Diggory is the youngest of six children. He does not have the same father as his other five siblings, which created a feeling of "alienation" at a very early age. He believed that this alienation was the catalyst for a vicious cycle that has led him to do "anything" to be loved. He described a deep abyss of sadness, defeat, trying to fit in, and doing "anything to get attention" that has followed him for most of his life. Many of his memories reveal the depth of his challenge to survive the whirlpool of sex, crime, freedom, and a desire for love that characterized his youth and adolescence. When Diggory was age 11 years, a cousin raped him. Recalling the impact that this event had on him, he stated, "I don't know if that [the rape] awakened gayness in me… because I was not mad about it. I am for it." It was important to Diggory that I knew that the rape "was an experience that I never experienced before, and I wasn't mad, I wasn't frightened. It was a new experience for me, and to a certain degree I enjoyed it." He believed that his coming out as a gay person, his sexual debut as gay, and his acceptance of being gay happened simultaneously around age 12 or 13 years. Soon afterwards,

Diggory's journey led him to a place that set an important foundation for his adult life—jail.

Diggory has been in and out of the prison system since he was age 14 years, for at least 30 separate offenses. During our interviews, he never shared the details of his crimes. Failed rehabilitation and recidivism plagued him. He expressed doubt that his time "inside" was beneficial, and he offered no proof that prison successfully rehabilitated him. During his first incarceration, he recalled feeling intense rejection by his family, a rejection that intensified with each subsequent incarceration. Most milestones of Diggory's adolescence occurred when he was inside a juvenile correctional facility, which reinforced his feelings of alienation and isolation. These feelings were further compounded by the fact that his family rarely visited him in prison. Over time, he resorted to sexual activity in the juvenile center as a means of "protection," and this mindset carried over into his adult incarcerations in "the big prison." In talking about the prevalence of sex in prison, Diggory said that most of his sexual experiences happened during his 10 years in the penitentiary because "it's an environment where you have wolves and you have lambs. I was like more of a lamb."

The landscape of Diggory's HIV journey began after more than 10 years of life inside correctional facilities. Diggory recalled that, at that time, he was very angry with his family. Getting HIV was a way of exacting revenge for their rejection and abandonment of him when he was incarcerated. He stated, "I wanted to piss them off… I wanted to get back at them… make them feel guilty. But I cared about my family more than they care about me." He thought that if he was infected with HIV, "they would feel sorry for me… and take me back." During this time, he had unprotected sex with more

than 200 men, and recalled spending 7 to 8 years actively trying to get HIV. When questioned about whom he thought gave him the disease, he said he was "too promiscuous" to imagine who it could have been. Diggory never disclosed to anyone other than me that he sought out the infection.

Part of Diggory's journey in pursuing and living with HIV exposed him to other difficulties too. His pursuit of the disease resulted in behaviors from his family that were contrary to what he expected. When asked if his HIV diagnosis gave him the attention that he craved, he said, "Well, I initially did it. And I think that would get sympathy from my family. But it sort of backfired because I started seeing a change in the way they treated me." He said:

> I figure that maybe now that I got it, I am going to tell them, and maybe they will have a different view or treat me differently, you know? My sister, when I told her that I was HIV positive, she just started to give me own plate, my own cup, my own utensils and stuff like that. I could sit on [sic] the table and eat with them. But certain times…people just had a phobia. I was experiencing that from her. But as time went on, she got more knowledgeable about the disease, and she was not so standoffish… she was more accepting. So in a way, it backfired. I did not get what I wanted with what I was doing. My objective wasn't achieved. Plus, I lost my mom. And just so you know what I mean, that was my rock. It was hard for me to get both my sisters to understand it because they just knew the basics. They was like, "Did you get it from sitting on toilets?" They was [sic] ignorant toward it.

He emphasized his certainty that he never admitted his intentional pursuit of HIV to anyone prior to this interview:

> No, I have not. This is the first person that I talked about it because I didn't think that it was their business. I think that if I told them, they would look at me differently. "Oh he's a bug chaser!" I don't want to be stigmatized like that. I wouldn't think that I am bug chaser.

Additionally, Diggory revealed that, despite the loss of his mother, his family dynamic is now more stable and more accepting. He said:

> As the years went on, it was less of a problem for my family. They became more understanding. My sisters are not scared to hug and kiss me and touch me and be in my presence as they were when I first found out.

Through much of his life, Diggory felt lost. But he admitted that sharing his life story was significant for many reasons:

> This has been a really, really big one for me because I had really never, ever, ever told anybody the things that I have shared with you in this room because I didn't feel the need. I might have scratched the surfaces on a few different aspects in my life, but to get down and let it go? You know what I mean? Before coming here, it was really because I had nothing to gain by lying, nothing really gained by hiding the truth. It was easy for me. You made it easier for me.

Nevertheless, one irony seems notable: he does not disclose his HIV status to his sexual partners. They never discuss HIV or safe sex, even though he knew that his last partner was infected.

Diggory seemed sad as the end of the interview series drew near. He told me that even though his life with HIV has been "complicated," he would not change a thing because "it was meant to be." He also believed that if he did not seek out infection, he "would have gotten it eventually" because he equated HIV as part of the terrain of being a sexually active gay man. When asked to imagine what he would say to the unknown man who infected him with HIV, Diggory said, "I don't blame you because I came seeking it—I don't hold no grudges." In closing our time together, when I asked the very last question, "What is it about you that you never want me to forget?" With heavy tears, Diggory stated, "I wasn't afraid at all."

Barnardo (Participant 10)

Barnardo, a self-described "momma's boy," is "a loner" who plainly stated, "I do not like being around people." At age 48 years, this participant is exactly like his namesake—*bold as a bear.* He is an African American man who prides himself on being standoffish, especially to those whom he does not know. He rarely smiles, avoids frequent eye contact, and has a flat affect when speaking. He is a stark contrast to the nine men who enrolled in this study before him. Our sessions consisted of me asking lots of probing questions. He enrolled in this study after a "word-of-mouth contact" mentioned it to him.

Barnardo's life circumstances made him daring, disruptive, and delinquent. He is one of four men in the study who never completed high school. At an early age, he learned that survival hinged on his ability to be tough and bold. He was "kicked out of school" in the ninth grade and "kicked out of job corps for fighting." When asked if that bothered him, he said, "I never really accomplished anything—nothing was ever really important to me." Barnardo has spent much of his adult life "ripping and running," which means going from one high to the next, from party to party, and from one unsafe sexual encounter to the next. He stated that getting high "was my primary goal" because "I couldn't get [education] right." He has an income of $205 per month through public assistance. His health care is provided through Medicare/Medicaid. His only known medical diagnosis is HIV. He sees "several therapists" each month, and he believes that his mental health diagnosis of depression is currently stable. Although he does not share living expenses with anyone, he currently resides in a recovery house with several other men. He has a history of drug and alcohol abuse, but at the time of our interviews, he had abstained from both for 10 months.

Barnardo's sexual debut occurred at age 18 years, and he estimated having sex with more than 100 men, claiming, "I can't put a number on it." Many of his sexual encounters were anonymous. He "hates" the idea of being "out." He has secretly identified as a gay man since age 20, but he reported only one instance of *being out*—which happened at age 28 when he told a friend he was gay. He adheres to strictly established boundaries between public involvement with the gay community and cruising at gay sex venues. His lack of concern about sexually transmitted diseases has resulted in several bouts of gonorrhea, syphilis, chlamydia, and venereal warts. He recalled, "When I

was younger, I walked around for about two months and did not know I had the crabs." He has also spent several years incarcerated, once for soliciting an undercover police officer for sex.

During the 1 year that he spent seeking HIV, he recalled that he "went crazy" and "had a whole lot of sex." He believed that "contracting a disease that could fatally kill you will probably get you a check." During this time, Barnardo was addicted to drugs and alcohol. In fact, Barnardo has been in and out of recovery for the past 20 years. By his own account, his drug and alcohol addictions muddied his mental wellness, sexual health, and tolerance of other people, including his health care providers. But he also reminded me that even with his addictions, his thought process was always clear—he wanted to get HIV because "he was tired" and this search for infection was his private suicide pact.

Barnardo has been living with HIV for 4 years. He has had frequent arguments with his health care providers over his poor compliance with his antiretroviral regimen. Despite his physicians' attempts to teach about the pharmacokinetics of antiretroviral therapy and viral mutations and HIV resistance due to non-adherence to drug protocols, Barnardo stated, "I simply don't take them." In discussing the time when he was actively pursuing HIV, he stated,

> I really didn't want to live no more. For the 20 years in and out of the programs, I have been from state to state, and everywhere I go, I always end up on the street. I have had gonorrhea like three or four times. For somebody who has been educated about the virus or HIV/AIDS years ago, I know better. I should have been protected myself, but...

When asked if he knew who infected him with HIV, he replied, "I have a notion." He confirmed that he sought HIV as a means to an end, but admitted now that "it was a bad decision" because he has not been successful in succumbing to the disease.

Most disappointing for Barnardo is that the "perks" of being HIV positive did not materialize. When asked what was most challenging about getting HIV, he stated, "I did not get sick enough to get a check." Angered by the welfare system, Barnardo explained that since he needs to remain "sick enough" to continue to receive public assistance, he has no incentive to be healthier because it puts "my check at risk." This design creates a constant dichotomy between wellness and sickness, money or no money. He said:

> And that is how a lot of the homeless and myself played the systems for a lot of years. You would do whatever you have to do to get a check every month to just stay on welfare. I have been on welfare for the last three years or so, off and on. And I have been on welfare for quite more than that. And I always used my homelessness to get a welfare check. I was trying to work for it, just an easy paycheck.

Living with HIV is a burdensome secret for Barnardo; few people know about his illness. Several times during our interviews, he admitted to harboring a great deal of anger and regret that his HIV suicide pact was unsuccessful. He also reported being frustrated by "trying to work the system" for money. Even though he has tried to pull out of mainstream society, he is not free from its grasp on the deep sensitivities and fall-out from public opinions. He constantly wonders how others see him—as an "addict", "on

welfare", or "homeless". He explained that the more visible you become, the more society will judge you. So consequently, he can no longer fly under the radar.

During our interviews, he was very clear about his dissatisfaction with his life and candidly admitted that getting HIV "was a mistake—I didn't care at the time." Recalling the time when he was pursuing HIV infection, he stated:

> You got people out there that would rather you not protect yourself or protect them and it makes me think, 'Okay, you already have it and you probably know I have it". So it's like a suicide thing.

When asked what he would say to the man who infected him with HIV, he said, "Go kill yourself." However, during our second interview, Barnardo also told me:

> I find it hard to find people who are really genuine because I am always around people who are trying to buy your love and trying to, you know, 'I will give you this if you give me that… *things for things'*. That is what we call it in the addiction world: *things for things*.

He joked and compared *things for things* to *prostitution* or the legal *quid pro quo*—"you scratch my back, I'll scratch yours." When asked what precipitated him to share his "things for things" philosophy with me, Barnardo explained that people from his past were trying to get back into his life. He referred to these people as "temptations." In between our second and third interview, he explained their presence in his life, stating, "I have not really a new of set of people, but people that I have been around before for quite some time. They are really trying to call me back into their circles."

In Barnardo's case his entire life seemed, at least by his accounts, embedded in addiction; the poverty and desperate need to feel like he belongs somewhere all come back to his history of addiction. It is very hard for him to live "one day at a time" because he cannot escape the "temptations". He is unsure about how to break the cycle of addiction if everything about his day leads him back to the same people, places, and habits. To Barnardo, life seems like a host of insurmountable odds that demoralize him repeatedly.

As we closed the interviews, Barnardo seemed softened—he smiled, made more frequent eye contact, and seemed more connected and less distant. He reminisced about "the old days" of feeling like an outcast and not trusting anyone. He explained, "I was angry because I wanted to lash out… because people have their own lifestyles and just because you are in a different lifestyle does not mean you are any different from me." Ironically, he even talked about something he did in-between our second and third interview sessions: he visited a gay male website that caters to men looking for seroconversion. Because Barnardo believes the Internet guarantees anonymous storytelling, he felt free to share his story and to advocate. He struck up a discussion with a young gay man who was seeking his boyfriend's HIV. He remembers the young man toying with a sense of self in his discordant relationship. Barnardo told the young man that he could speak from personal experience, and in his attempt to dissuade the young boy, simply said, "Don't do it… because it backfired" for him.

In imagining life before and after HIV, Barnardo stated that he believes gay men are not to blame for HIV. To him, HIV is "just like gonorrhea... this has been around. It is manufactured by humans, and it was me and the monkey." Through sober eyes, he

believed that for him, HIV has no benefits; it completely limits his life in terms of "who I am and what I'm about, and… sex." He stated that HIV makes it hard to "talk about who I am." As for future plans, Barnardo dreams of passing the GED exam and becoming a truck driver. The word he chose to describe himself was "determined." As we closed our last interview, Barnardo told me to remember "I regret that I did get the virus" because "it's just a ticking time bomb… It is something that we have to live with for the rest of our lives, and at some point, you will regret it."

Mablevi (Participant 11)

An African American man age 48 years, Mablevi has been living with HIV for more than 20 years. At the time of his diagnosis he was age 27. He had been sexually active since age 18 years, and he has been struggling with drug and alcohol addictions since first experimenting at age 15 years. Twelve years into his addictions, he felt that "there was nothing wrong with getting HIV… it was worth it." From African origins, the name *Mablevi* means *do not deceive*. Being honest and forthright is now very important to the eleventh participant in this study. Even though he sought to become infected, it seems that Mablevi was, and still is, very conflicted by his decision. To the man who infected him with HIV, Mablevi said, "I want to hurt you." Yet in the next sentence, he admitted, "It was my choice—I was fully aware and fully agreeable to the situation." These days, deceit of any kind is troublesome to Mablevi. His philosophy is that people should have the freedom to make informed choices. He began his story as follows:

> It took some years to really find out who and what I was, and how I am going to go back to living life. I used to see HIV as a death sentence like everybody else.

> But I guess it didn't much matter to me back in those days because that would lead me to do what I did in chasing something that would literally kill and beyond that. That's a fortunate thing—to be able to choose which way you are going to die. And, it is also not really a good thing. The Maker… decides when and where you go.

Delightfully, and somewhat curiously, Mablevi enjoys speaking in metaphor, riddle, and innuendo, with humorous undertones. He learned this speaking style from his life in the prison system. Although he enjoys sparking reactions from people, his mischievousness and quirky smile often give him away. He is a wonderful storyteller who finds delight in sharing his journey. He was excited to learn about this study through word-of-mouth at a local outreach center.

Mablevi recalled how his life choices led to his HIV, and he told me on several occasions, "I struggle with why I did it." He believes in Christianity and follows the Baptist faith, saying, "I've always been a religious person." He is single and has never been married. In 1986, he was diagnosed with multiple sclerosis, but the disease is currently stable. He is unemployed and receives social security disability, but he did not want to talk about his income. However, he did share that he is currently reapplying for social security disability because of a federal mandate that requires individuals to resubmit an application for disability after release from prison. His health care is obtained through the welfare system. He lives rent-free with his brother. Only his best friends, mother, and father know about his HIV status.

Mablevi was released from prison 2 months before we began our series of interviews. He was serving a 5-year sentence, and he is now on probation. He has been incarcerated in four or five different prisons in Pennsylvania; he noted that each prison has its own culture to which inmates must assimilate. In his early adulthood, Mablevi tried to conform to the role of "macho man," a role that proved especially useful in prison, as any trait to suggest weakness was immediately challenged or exploited by the dominant masculine prison culture.

He has always been very selective with whom he shares his gay identity. Although his sexual debut occurred at age 18 with a female partner, he accepted his true sexual identity at around age 22. Many of his friends have no idea that he is gay; he has never come out publicly, and he prefers to live "on the down-low." His cautious, guarded nature ensures that he offers no hints to suggest he is feminine, weak, or unmanly.

He "cannot pinpoint" who infected him with HIV, but he recalled six distinct partners from the time he made the decision to seek HIV until he had a confirmed HIV diagnosis. At the same time, he said he "couldn't count" how many sexual partners he had in his lifetime, stating, "I like sex… so at least 100." In the past, addictions affected his decision-making process, and drugs encouraged a promiscuous escapist mentality. In fact, his current struggles with his past decisions led him to share his story as part of this study; it gave him an outlet to reflect about periods in his life when he lacked power, felt helpless, was naïve, and perhaps even a little coy. He characterized his choice to seek HIV as "completely irresponsible," but he is adamant that he no longer wants to escape his decisions and responsibilities. Instead, he wants to confront his past.

As a young man, Mablevi struggled with assuming characteristics that described the "man's-man" that he wanted to be. At the risk of being ridiculed "for acting like a sissy," he redoubled his efforts to assert what he viewed as the ideals of aggressive masculinity—drinking, taking drugs, and exuding sexual prowess and bravado.

In opening our second interview, he recounted how he felt on that day, stating, "I feel freer." When pressed to explain what that meant, he stated that he could talk about "his wants… his desires." This freedom was an ideal catalyst for Mablevi to discuss his opinions about HIV, what HIV has meant to him, and how seeking HIV has affected him. He made a distinction between what HIV *used* to mean, and what it means *now,* stating, "I used to think death," but "I think now, this is not on a spiritual basis, but religiously taking my medications keeps me healthy, so therefore I can live."

Mablevi had many ideas about men who get HIV on purpose, stating:

> I know it's becoming more normal. Well, I cannot say now. But from 2004 to 2006, it was becoming more and more normal for individuals to seek it out and try to be infected. I went to a conference in 2004, and the conference was in [town omitted], and it was like, "Wow!" You are finding out these things about it, that there is a bug chaser. And I was one myself, and I didn't even recollect it that way, or I didn't realize it at the time. But then it truthfully was like… ***I was looking to get infected purposely***… ***and it is a normal thing now*** [speaker emphasis]. I remember when people used to run away from HIV. But then around the 2004 to 2006 era, peoples [sic] was running to it, not running away from it...

> Something definitely changed. I understood it to be this: some people saw benefits in it.

The next link to getting HIV on purpose, to Mablevi, required that I understand the opportunity for financial benefit. He explained:

> And the benefits that they might have seen possibly were financial benefits with the SSI thing and being infected with HIV AIDS. Most likely you would get a benefit check from that. In all my time of pursuing it and purposely getting infected, I didn't think like that to get benefits.

Mablevi was clear that he had no regrets in his decision to seek HIV. It was also important that I realize he would not go backwards if given the chance. He shared many ideas and theories that seemed to substantiate his decisions to seek HIV infection. His decision was not just based on one factor, but on several factors. He spoke about the potency of HIV, for example, "fluids to full effect" from many men, and "unprotected sex… that transferred body towards bone"—concepts that were more philosophical in nature than the financial, romantic, or suicidal ideas that had come out of the men whom I had previously interviewed. Regardless of the potency, however, he viewed challenges in getting HIV, stating, "I couldn't be choosey… I was making the decision to go out and purposely get infected. It was my way of saying I am going to choose which way I would go, if I go." As a nonscientist, Mablevi misunderstood the basis of virulence and the pressures of genetic mutations of a virus. He had no way of knowing that not being selective did not necessarily add to the extraordinary power of each man's HIV virulence or the strengths of those viral mutations. He imagined that any man might infect him, and

that his chances of a more severe infection correlated to the more sexual encounters he had.

At the time of his infection-seeking behavior, Mablevi described a craving for the mysterious. His wooing of HIV was not haphazard. Repeatedly, he told me:

> When I made the decision to actively go out and search and find out somebody that was infected with HIV and possibly AIDS, and had sex with him unprotected, I knew what I was doing and it was my choice. But again, I didn't have the greatest life.

He frequently equated discussions about quality of life with his regrets about not fathering children; his constant battle as to whether being gay was a bad decision since he had a "choice" to not be gay; religious turmoil; "the four walls of prison"; and a family that "does not agree" with his lifestyle. He also worried about his other medical problems such as multiple sclerosis. Collectively he views all of these pieces as difficult to prioritize and manage. Further, he described his life like this:

> Growing up, some people imagine leading a great life. I am happy. I am satisfied with the way my life turned out, and I am accepted. I've accepted that I did get this virus and basically it is a purposeful thing because I did it… So, do I have any regrets? No. No regrets.

He is eager it seems, to retro-fit his past promiscuity with his current secret gay life and his differing sexual appetite, without making conclusions that by being gay and sexually active, one is certain to become HIV positive. On numerous occasions, Mablevi claimed that his decision to seek HIV was about controlling the choices that he was

confronted with. Now, his biggest challenge is confronting whether he wants to be public about being gay. He imagines a wall, between the gay and straight walls, that protects him, stating, "I don't like no [sic] separations because I am colorblind. I would like to brick [sic] the wall down."

He laughs when saying, "I got to say that every day is different. I take it a day at a time with my addictions, my recovery… I don't use. I am good. I am doing everything that I possibly can do to stay healthy… I did this purposely, too. I am alright!" He candidly reinforced his ideas about how he confronts choices, like the choice to seek HIV, the choice to overcome his addictions, and all the other choices he tackles.

When asked if he would ever share his stories of intentional HIV infection, he stated, "I would never do all that to my family members, to close friends, anybody…. Maybe I will one day!" But he also admitted, "I wish sometimes I wouldn't have did it. But the only way to be educated [about HIV] was to partake of it. If you don't have the virus, you don't really know too much about the virus." He also believes:

> But, even with having the virus, I have dealt with it all these years and it had not been easy. But it has been an experience and I have learned some things. I hate that people don't know. I feel people say "*He got the package"* and I already know what they are saying. But what do you mean by *the package?* And I want to see what the answer from them would be, and they were like "He has got that shit."

Mablevi concluded our three interviews by asking that I remember that he is "fun to be with" and that "I learned some things" from the experience. When asked for any

opinions he would share with others regarding his path to self-infection, he stated, "Not really, because it's better to know, how can I say—chances are—I have walked out that door." When asked what might happen if we were to continue the interviews, Mablevi stated, "I might break my wall all the way." We both agreed that the three interviews with Mablevi were truly beneficial; with each session, the wall was less rigid, with fewer "bricks", demonstrating that, with trust, he will progress.

For our last session, Mablevi "got all dressed up" in the hope that "one day, I will be able to just come out." At the end of this session, he laughed and said, with a quirky smile, "You have made my way of life easier. I even put my suit on." Offering this final bit of advice, he said:

> If you didn't understand the parables, you didn't understand Jesus. The Bible was full of parables that they used, people might read something in the Bible, and it says one thing like… *you have a better chance of getting something through the eye of a needle than to understand*. But at the same time, you would have a better chance of getting a big animal through the eye of a needle than understanding what Jesus was saying all the time. I mean, if He did not want me to have it, He would not gave [sic] it to me. He would not let me have it. And I am still here, so we had a purpose from that.

Sennett/Avera (Participant 12)

Bold in victories describes this participant—*Sennett*. He is an eloquent storyteller who is brave, bold, and victorious despite his adversities. He is charming, well-informed, wise, romantic, and eager to share his life's journey. Sennett lost his vision due to retinal

disease from HIV/AIDS, and he has overcome many challenges in learning how to adjust to life without his vision. He is coming in from the margins as a gay, African American, blind man who mourned a lost love and has HIV infection that was obtained on purpose. Understanding how he navigates his blindness can be helpful in understanding his decisions to seek HIV from Junior (a pseudonym), his "lover and soul mate." Sennett has been through many transformative stages throughout his life.

Sennett is age 44 years. He is an African American man, and he prefers to identify himself as "black". He is biologically male but enjoys feminine enhancements such as professional manicures and artificial fingernails. When speaking, he intermittently refers to his female persona, whom I called *Avera*. In Hebrew, *Avera* means transgressor—*to go beyond limits set or prescribed by*, which is an apt description of both Sennett and Avera. After our first meeting, whenever Sennett called me on the phone, he would say, "*Tom, this is Avera.*" During our interviews, Sennett alternated between using these two names, depending on the topic of discussion, and the person he wanted to portray.

Sennett's outward appearance, particularly his fingernails, plays an important role in how he views himself. As he stated, "my nails are French-manicured and really done nice and groomed… I always like to have a glass, and I had the eleganceness [sic] of the glass, a goblet, a wine glass." He explained that holding a glass of wine with feminine nails means "elegance," and he related a fantasy "of holding different glasses of wine." It is important to note that this emphasis on the external is all about his self-image and presentation. He is not interested in comparing himself with other men. For the most part, Sennett was very careful to remain gender-neutral when speaking; he used gender-

specific pronouns only a handful of times during our interviews. When we first met, he described himself as:

> A gay black male… who is a very loving, giving, high quality, nurturing individual. I tried to remain positive the majority of the time with people in my life, but it is not easy sometimes living with the virus or trying to cope on a daily routine. Things has [sic] turned around… and adjusting has really changed my life.

Sennett has not undergone any surgical or hormonal modifications to alter his outward appearance, and he has no plans to do so. For him, a feminine pseudonym and external cosmetic enhancements suffice. Sennett does not meet the diagnostic criteria for a transgendered person, but during one interview, he referred to himself as "transgendered".

Sennett has been living with HIV for 12 years. He lives on a monthly social security income of $674, with health insurance secured through Medicare/Medicaid. It is his blindness rather than HIV that creates most of his physical challenges. He denies any religious affiliation. He completed school only through the eighth grade. In his younger years, he was sexually active with both men and women. At age 25, he fathered a son who is now age 19 years. After many years apart, they now live together in a nearby shelter. I met his son at the first interview when he escorted Sennett to meet me. When asked about his son, Sennett stated:

> I did not get to know him until he was 15. He is 18 now. He will be 19 next month. It was something that I did with the female who had no idea that I was

> gay—offspring out of a one-night stand. I am glad my son accepts me for my homosexuality… I thank him for coming into my life and wanting me to be a lot healthier. He keeps me on my routine regimen.

Sennett's sexual debut occurred around age 14 with a young man who lived across the street. He romantically recalled that time in his life, stating:

> He must have saw that I was going into puberty… And him being 22 years old, [he] saw that I was a little feminine. He started approaching me with gifts and money for doing sexual favors, giving him blow jobs, and then penetrate[ing] me. I believe that was my first crush that I had on a guy, and that went on until I turned 17.

Since then, Sennett estimated that he has had more than 1000 sexual partners.

He reported a "middle class" family dynamic where "everyone supports one another, "except my health situation." His mother passed away 17 years ago, and his father lives somewhere "north of Virginia"; Sennett and his father maintain a cordial relationship. When asked about friendships, Sennett mentioned that he has "maybe four friends" who know him better than his family, especially in regards to his illness. He has strong feelings about the importance of his friendships, stating, "It is sad to say it, but sometimes you make your family."

When questioned about his love life, and how many men he would call "lovers," he replied:

> Maybe 17… My lovers before wanting to get the disease were always very special to me. No, let me take that back. I was very special to them because when I am in a relationship, I am very loyal and I am nurturing. I put on so many different hats: cook, bank consultant, fashion director, archduke, room decorator, mother, brother, priest. I take on so many roles when I am in relationships because I have so much to give. Some of them were… quality time: three years here, four years there, a year here. Some of them just weren't worth even taking home.

His pursuit of HIV was "for Junior and Junior only." Prior to his relationship with Junior, promiscuity was the standard of Sennett's sexual behavior. When he and Junior met in 1999, Sennett was HIV negative. Sennett and Junior were together for 5 years after meeting at a roller skating rink. He described Junior as:

> A bisexual man ***then*** [speaker emphasis] before we actually courted. And then we dated and moved in together. He was curious about the homosexual side… about the emotional boundaries and the sexual encounters. I felt like I could teach him about the world of gay men. And he moved in, and one year turned into five.

Sennett further chronicled the next few years that they spent together. He narrated important facts, as if the conversation between him and Junior was actively happening during our interview. The extensive details are critical to his story, explaining:

> Maybe the second year, he was honest with me and we weren't using any condoms for oral, anal, or anything that we did. And one day, he said to me, "You know I'm sick, right?" And I said, "What do you mean ***sick***? Sick and tired

> of work?" And he said, "***No, I am sick!***" [speaker emphasis]. I asked him to clarify, and he says, "Sennett... I have the virus." And I said to him, "***You have the virus****?*" [speaker emphasis]

The narration continued:

> I did not know anything about the virus. I had heard of it. I didn't think it would be in my front door. I didn't think it would be in my bed… And I said, "So?" Then he said, "Are you alright with this?" Then I said, "**Junior… I love you! I don't care!"** [speaker emphasis] So he said, "Well, I think we ought to start using condoms." And I said, "We do not have to. If I get it, I get it…You want to give it to me? You think I am going to leave? You think I am going bail on you? No, I'm not." And that was how it started.

To seal their relationship, Sennett told Junior, "Give it to me. It won't change anything." When asked about being infected with HIV by Junior, Sennett said, "That meant the world to me; it meant I finally got somebody who accepts me for me." In addition, once their commitment was forged through disease:

> Junior did not go out and cheat. The bisexualness [sic] in him stopped. He did not go back to women. He came home, he paid bills, he treated me like I was the woman, which I role-play in my sexual activities… I am the feminine role. And he catered to my every need… He worked in construction. He was like a Greek god. The body, the hotness, the gorgeousness, and the favoritism. All of the components that I had searched for in a lover. This is fate. And I am not letting him go. I said I am going to do anything and everything to keep him, and it meant

> all measures, even accepting the fact that he was sick. So, if it became me getting sick… then, okay. Call it getting sick on purpose. Call me a bug chaser. But I wouldn't say it was bug chasing. I would not say it was on purpose. I just said it was my duty; it was my obligation. I was in love, and I wasn't letting go. It felt good. It was worth it to me then… I owned up to it. And I didn't say to myself, "What the hell am I doing?" I did question my conscience. I did not question him. All I knew was I didn't care. This is what felt right, and if I had to go to my grave with it and thinking then we were going to go grow old and gray, and die together because he was sick… ***then I was alright with it*** [speaker emphasis].

In March 2002, during their third year together, Sennett became ill with pneumonia. This illness was bittersweet because Sennett told me:

> I had perfect sight. I was happy, gay, in love, infected on purpose. I got really sick. I did not know what to do. He did not know what to do. He never took any medication, and I hadn't seen any medication. And the ambulance came and got me… They diagnosed me with PCP pneumonia. My CD4 count was seven.

Our second interview was very "rough" for Sennett—it took place on Junior's birthday. Of his partner, he said, "I am tearful, and I am emotional, and I am happy because he is not suffering." He recalled the days before HIV, and tearfully said, "It is his birthday… someone I loved and trusted. I did not care if he was sick, and I did not care what his chances was [sic] with the disease, and I did not even want to get help or prevention, and he is my soul mate."

Through heavy tears, Sennett imagined what life might be like if Junior were still alive:

> I know if he was here today, and I am blind because of the causalities from AIDS and everything else, he would have been right here beside me to guide me, and help me, and he will be my eyes, and I have been living through his eyes.

The impact that our previous interview session had on Sennett was undeniable. On the significance of our interviews, he elaborately revealed that he felt:

> Anxious and excited to have shared a part, a piece of me and my story in the whole. Honesty is forthcoming truth. What has changed since I was here last? Today is my husband's birthday who I got ***this*** [speaker emphasis] from because I loved him so much and he had it. I went after his disease, and his love, and his approval. And he has been dead now for seven years, and I am an emotional mess. But I have to function, and keep functioning, because I have to live. I am living a lot better than I did when chasing after the disease and after his love to prove to him. I will go to hell and back, and I will go to our grave to profess my love.

We recapped his views on getting HIV on purpose. When asked what he would say to people who might be perplexed by his choice to pursue HIV infection, he stated, "You have to experience it. I can only say that seeking it for me was not hard." About blaming gay men for HIV, he explained, "There is no time to think about that. I hate it because we were a target for everybody else." Critically important to Sennett is that I never forget the following:

> My openness, my jovialness, my down-to-earth persona, my character, and my story of how I overcame so many things. That is what I really want. That now I am dealing with 100% positive reinforcement. I have short-term goals that I want to set. I am getting ready to start a program called *Back on My Feet*, and we run [Sennett runs marathons with an escort]. I want to be a pioneer and a motivational speaker for those who are handicapped or infected… I have come to learn some grief of things.

Importantly, he tied everything together, saying:

> I am a good person, and I need to stay a good person. So, I want to let the people know you can overcome it and you can do it. Just get your head out of that pity-party and get focused, and live, ***fight*** [speaker emphasis]… I do not beat myself up now. It took me almost 12 years literally to get out of beating myself up.

Now, he has taken ownership of his life before and after HIV. Confidently, he holds himself accountable for all his choices. Serially, he catalogued the many ways that he views himself:

> Before HIV: Careless, a nomad. I am a gypsy. My love, my boyfriend, my relationship, my family, reckless. I don't care. It is not me, and if it is me, what the hell?

> After HIV: I have done it for someone that I loved, and I knew what the situation of him having it meant to keep him. And then the downsides—the causalities, the blindness, the neuropathy. And so many different things or elements yet to be defined.

After many years, of loving, losing, and regaining purpose, Sennett admitted that his life "has come to a full circle."

Hervey (Participant 13)

As the pseudonym *Hervey* suggests, this participant is *battle worthy*. An African American man who is age 54 years, he has been "doing so-so" while living with HIV for the past 12 years. He enrolled in this study after an accidental word-of-mouth discovery that this study would allow him to talk about his HIV. He does not like to talk about himself and, at our first meeting, said point-blank, "Anything you want to know, you'll have to ask." Throughout the interview series, Hervey responded better to specific, direct questions versus open-ended questions.

Born and raised in Philadelphia, Hervey is from a large family. He is the oldest of eight sisters and seven brothers; he suspects he may have gay siblings, but frank discussions about sexual identities have never happened. Hervey confirmed that he has HIV-positive siblings, but refused to elaborate on details. "Everyone" in his family knows about his HIV diagnosis. He claims his mother had 13 brothers and sisters, and his father had 24 brothers and sisters from mixed families.

Hervey is unemployed, but he receives about $210 per month from welfare. His health care access comes through Medicare/Medicaid. He graduated from high school and completed 2 years of college. He does not practice any religion. He is a single man without anyone to share living expenses. Hervey is co-infected with hepatitis C, but he does not have any mental health diagnoses.

Hervey self-identified as a male around age 14 years. The start of his sexual journey began with other boys from the Young Men's Christian Association (YMCA), where they "experimented with each other." He has had sexual encounters with female partners as well, but he admitted a preference toward men and self-identifies as homosexual. He estimated having approximately 50 sexual partners, mostly male. However, Hervey lives secretly as gay and does not want to be "out." Other than his family, very few people know about his HIV diagnosis, and even fewer know that he is gay. He never goes to gay bars or gay-promoted events, stating, "Oh, I don't get involved in the gay community too much to be honest with you."

He shared that he feels "pretty alone" and revealed that isolation is one of his biggest battles. Although it has been several years since he was involved in a long-term romantic relationship, he clarified "I didn't say I wasn't having sex." He was quick to point out a marked difference between sex partners and lovers. He explained that when he feels the need for male companionship, he knows how to meet men "quick, fast. The eye contact lets you know… there is some kind of a signal that jumps off."

During our interviews, Hervey stated that his HIV journey began about 13 years ago (in 1999) when he wanted to die; HIV was his private suicide pact. He matter-of-factly stated that only two other people know about this decision, and one of those individuals was the person who told Hervey about this study, saying, "Look, I got somebody that you could talk to." At first, Hervey doubted, saying, "Are you for real, man? I ain't told nobody that but you." During our first interview, Hervey and I discussed the significance of him meeting with me to share his story.

In 1999, Hervey "decided… to do it" and began pursuing HIV infection. Then, 2 years later (in 2001), he was infected. He described having many problems at the time and felt that he wanted to give up. He recalled a young adulthood fraught with intolerance of how others viewed homosexuality, and this experience worsened after he fell into addiction. He remembered thinking that, for most of his life, "no one cared." His chronic low self-esteem had always been an issue, but addiction brought him to an all-time low. He spent most of his life as a "loner," to the point that he essentially shut down and completely withdrew mentally. He was lost, had no purpose, and had no way to imagine a future because he felt that he never fit in.

He recalled having about 20 sexual encounters during this period of seeking HIV; he intentionally sought partners for bareback sex and never asked about their HIV status. He admitted, "At that time, I was on drugs, I was on my wild path. I was feeling low… and really giving up on life." Sex was not a sign of bonding, fidelity, or commitment—it was merely a means to an end—his end. Those sexual encounters satisfied both his immediate and long-term goals: infection and progression to death. Intimacy was not a factor.

To Hervey, nothing was blind about his decision to seek infection. He revealed, "Sex did not help my self-esteem. My self-esteem was always low." Moreover, he said, "I was sick and tired of being sick and tired." He viewed getting HIV as an effective way to end his misery:

> But that ain't [sic] the first thing that came to my head. I was gonna [sic] shoot myself in the head. Then, I was going to get HIV and die. A lot of people died

with HIV at that time… I thought HIV was an easy way out. It was the only solution for me.

Back then, as now, Hervey rarely allows other people to get close to him. He is selective with whom he develops relationships and whom he calls *friends.* He has a tendency to dislike or mistrust people. He explained that one component of his selection criteria for friendship is the person's HIV status, stating that, "I stick with the HIV crowd mostly now." He avoids people who are unable to accept his HIV status, his gay identity, and his history of addictions. He struggled with conformity, and worried that others might view him as willfully different, mistaken, or unnatural.

In reviewing his past relationships, Hervey identified few as lovers, stating that it had been several years since he felt an emotional attachment to a partner. He made clear distinctions between his last sexual encounter and his last lover, stating that he had "maybe two or three" lovers in his lifetime.

Everything seems to have changed for Hervey after his HIV diagnosis. These changes extended well beyond Hervey's choice of friends or sexual partners. He said that before HIV, he was "wild… whatever happens, happens… We do what we do." The power of loneliness, isolation, and the desire to belong took Hervey to the world of drugs. However, recalling from the outset that Hervey does not offer a lot on information without deep probing, Hervey volunteered very little about his battles with addiction. Although he admitted struggling with "welcoming the pipe" [referring to smoking crack cocaine], it was only then that his barriers diminished. Hervey was never high when we met for our interviews. He only spoke about when he was high—this experience

conferred "relief somewhat", amongst the "chaotic life" he lived, when he finally "gave up." He admits in addition, "I couldn't get together, much as I tried." Today he believes:

> I'm past that point. Lately, I'm thinking what a fool I was, but it was a low point in my life when my self-esteem was low. Now when I talk to young kids, I talk about everything. I made some mistakes in my life when my emotions took over.

Hervey participates in peer-education in small circuits of the HIV community because "I want to talk about that at times." His willingness to share supports his belief that "we have to take time out and think about what we really want to do in life." His sexual identity is still not open for discussion, but HIV serves as a daily reminder of his past, and actions that he now considers huge mistakes.

When people ask Hervey how he got HIV, he simply says "lifestyle", saying that lifestyle "could mean a drug lifestyle, a gay lifestyle," and that he likes the vagueness that the term imparts since it rarely suggests something done "on purpose." He also likes to use "lifestyle" to hint at a promiscuous sex life without directly addressing his sexual preference. Depending on his audience, promiscuity might mean lots of sex with different women, which would be "more acceptable" in some circles than lots of sex with different men. Lastly, "lifestyle" imparts choice and a conscious effort to embrace a way of living—it makes him less of a victim of circumstance.

During our discussions, Hervey went back and forth about his choice to seek intentional infection. At one point, he said:

> It took me getting HIV, and actually there were lot of things, for me to get it together.

> It was a low point in my life, I didn't care. And I basically gave up on life because I couldn't get it together, as much as I tried.

Later, he said that once he seroconverted:

> I found out I wasn't gonna [sic] die. But by that time, I didn't want to die. So I had to educate myself about HIV, and then my life started turning around. I got a job, I got clean, got my own place. My life started turning back around. Then I made a decision: I was gonna [sic] educate myself about HIV, what STDs, hepatitis C, and what the disease does.

If Hervey could turn back the clock, he would—not only to prevent his HIV infection, but also to find a different life path without drugs. At the same time, he admitted that his life might not necessarily be any better if it were not for HIV and his addictions. Thinking back on his past, Hervey explained that "when I did that, my life was really chaotic… I was on drugs, going back and forth to jail, lingering on the streets. Nothing was going right." But even though he talks to young people about avoiding HIV and making positive, healthy choices, he never shares his biggest secret—that "I went and got it" on purpose.

During our second interview, Hervey said that "it felt good" to talk with me because "basically I ain't [sic] never talked to nobody like this" and that our time together "brought closure." In between the first and second interview, Hervey felt compelled to take "an inventory on life." During our third interview, he stated that he found our conversations to be like a "release valve."

In wrapping up the interview series, Hervey chose "hope" as his one-word descriptor. He reminded me that our conversations "led me to think about what a fool I was." While he clearly had regrets about some of his life choices, he summed them up as follows: "It was like a loophole in my life, it was the only solution ***at that time*** [speaker emphasis]… But I am not going to die. I take my medicine. I still obviously will do what I have to do." To me, he spoke firmly about his purpose in life:

> Some people might think that you are crazy by saying I am glad I got HIV. This is why I am glad. I give speeches. I am aware of my health right now. I educated myself about HIV, and I went into classes. I told a lot of people that time always makes you think. Whatever you are doing in life, always think about what was you getting into. You got a pretty price for it if you do not get it right. You gotta [sic] stop and think. Rewind the tape, and go over it again, before you make a decision. Something my parents always told me. You can rewind the tape, not time.

In response to the wrap-up question where Hervey was asked to identify what he would most like me to remember about him, he shared, through tears: "I am a strong believer. You changed the balance. I now know I can always start over."

Jayant (Participant 14)

Victorious is Jayant, at least by his own accounts, and that is the meaning of his pseudonym. Through word of mouth, he is the fourteenth participant to enroll in this study. He is African American, age 43 years, and has two brothers and one sister. He is the youngest child in his family. He is a strikingly large and muscular man, standing

taller than 6 feet. He wore a suit and tie to each interview, with highly polished shoes. He is proud and speaks slowly, with deliberate word choice, in an unforgettable baritone voice. His personal and sexual history, HIV status, military career, and upbringing brought benefits and drawbacks that have had an impact on his views on masculinity. He reports pursuing many wrong turns and dead ends throughout his adult life. Currently unemployed, Jayant receives $20,000 a year through veterans' benefits. Access to health care comes though the Veterans' Administration. He lives alone and does not share living expenses with anyone.

Jayant comes from a strong military family. Similar to his father, who Jayant proudly identifies as a Vietnam War veteran who "served with distinction," Jayant is a 10-year army veteran who survived a tour of duty in Iraq and several other countries. He is proud that he "got out honorably." His mother is deceased. He has one brother, an 18-year military veteran who is currently a pastor, who lives" down south." His other brother is a successful business executive in [town name omitted]. His sister is a nurse who lives in a southeastern state.

A common thread that runs throughout our interviews is how Jayant's self-identity is tied to his family roots and the historical and societal expectations of being a soldier. Raised by a military father, and having his own strong ties to the military, Jayant spent most of his life conforming to standards and denying his true identity as a gay man. In military life, "there is a lot of stigma… They had a thing against homosexual spirit, wherein they think that they are weak." When asked if it has been easy to accept his identity as a gay military man, he replied, "I do not want to identify myself like that, but obviously I am because I enjoy it."

Despite bravado and promiscuous sexual posturing with women for many years, Jayant accepted his gay identity at 33 years of age, although it is a heavily guarded secret. He dislikes being "labeled as gay." The conflicting "good solider" and "homosexual" identities that are the primary forces in Jayant's life are hard for him to reconcile, so it was challenging for him to reveal his authentic self during our interviews.

He spoke out adamantly about the use of labels and the lifelong consequences that labels can perpetuate. He believes that people who label others "ain't got a life." As a young adolescent, he considered himself a "bully," mainly due to societal pressures. Various people labeled him as "class clown" and "general screw-up," both labels for which he had clear disdain. When asked what he thought the label "gay" meant, he replied "feminine," "weak and passive," and "easily bullied."

As an adolescent, Jayant admitted that not measuring up to the expectations of his father and society at large would have been devastating; thus, this failure was not an option. As an adult, his attitude is "vastly different." He considers himself more open now, stating that, "twenty years ago, I couldn't even sit here with you." In some ways, however, these remnants of societal expectations still exert an influence over him: he struggles daily with his perception as a strong soldier, and his vulnerability in living a secret gay life. Looking back to his adolescence, he shared:

> I tell my kids that many of those that you bully today will be leaders over you tomorrow. Many people that I used to pick on in school are [now] police chiefs, sergeants… They took them ridicule moments and used it as a strength. And

> now, they do a positive thing so that they can take it out—some of them, not all of them—take it out on some other people what they went through as a kid.

Jayant expressed regret at his bullying actions and remorse for any pain he may have caused to his victims. He admitted that, at a young age, he felt compelled to conform to society's messages about aggressive masculinity and "macho" behaviors. But conforming to society's expectations did not stop when Jayant became an adult. Conformity was particularly important when he was in the army. He stated that it would have completely undermined his authority if the men in his corps "knew their sergeant was a homo."

Religion is also a complex web for Jayant. Although he has no religious preference, and he stated that he does not believe in either the existence or the nonexistence of God, he attends church regularly and admits praying to a higher being. In prayer, he asks for continued growth and maturity, but also examines his inner struggles: homosexuality, promiscuity, his history of disrespect for women, and his abuse of their bodies to cover up his own gayness, especially in the military. When asked to reveal what he prays for, Jayant said:

> I pray for inner peace. You know, the turmoil. I just hope before my life ends, I end up on the right side of God… I do not understand His world. I only understand mine. So if I am living wrong now, maybe before He closes on my life, I will be on the right side.

During our third interview, Jayant mentioned that as far back as he could remember, the conflict of church and his inner identity had been a battle. Wanting to

explore this conflict, we improvised and role-played. I asked Jayant what it would feel like if God were sitting next to him, telling him that sexual relationships with other men are okay, and being gay is OK. He laughed, played along, and said:

> Yeah, it would [feel good], but at the same time, ***I know*** [speaker emphasis] he wouldn't probably say that because there are some things that I know from my research. ***Deep research*** [speaker emphasis]… I come from four lines of pastors—a lifetime of research.

Jayant's sexual debut occurred at the age of 12, and he recalled "many" sexual experiences with female partners as a teenager and young adult. He stated that he "accidentally" had sex with a male at age 21 or 22 years. After this incident, he did not have sex with a man until he was approximately age 33 years. He estimated having more than 100 sexual partners in his lifetime—a mix of men and women. As a younger man, he fathered two children, a son now age 18 years and a daughter now age 19 years. There was a wide span of time between his sexual debut and his acknowledgement of his homosexual tendencies.

Jayant also spent time in jail in his early twenties. He stated that when he was incarcerated, he had sex with another man "by accident." Since then, Jayant stated that all of his sexual experiences with men were "on the down low…they know, I know. I was liking it. We hook up, we do what we do, so I kept doing it." When I asked him to recall his initial "accidental" sexual experience with another man in prison, he stated:

> He was some guy. He was on the block… he took a liking on me, was cooking my food, kind of dumb shit. And then he moved into my cell. I started looking at

> him from a different aspect, me being a man, and it just evolved into something I didn't understand at that time.

At age 33 years, "everything changed." Although he never "came out" as a gay man, his sexual adventures from that point on were exclusively with men. During the span of time he sought HIV infection, he recalled sexual experiences with "at least 10 men." Approximately 4 years ago (in 2008), he made a conscious decision to "get it over with" all because "safe sex was restrictive" and "it was easier to get it [HIV] and move on." In summing up his current views about HIV and unsafe gay sex, he stated:

> I thought this was just a disease. I am getting learned about it. I am coming out of it, like a butterfly coming out of the cocoon. I am trying to learn more… really becoming aggressive in terms of living with it.

Once he set out to get HIV, it took very little time for Jayant to seroconvert; he viewed that a victory because "all of a sudden I can enjoy life and sex" without restriction. To expedite transmission, he consciously engaged in risky sexual behaviors that he described as "a mix of sex;" he assumed passive sexual roles with other men and admitted being receptive to "barebacking" without latex condoms, which he equated to "living like an animal, but at the same time… enjoying the life of living like an animal." He has been living with HIV for 2 years and can still recall each of the 10 men with whom he had unprotected receptive anal sex in the hopes of contracting HIV.

The oddity is that despite years of promiscuity with both men and women prior to his decision to seek infection, Jayant is confident that it was one of the self-selected 10 men with whom he had sexual encounters who infected him with HIV. He does not recall

having serology prior to his HIV diagnosis, so medically speaking he has no real gauge to determine when he seroconverted.

He reminisced about how his years in the army were a restrictive time for sexual experimentation, even though he had attraction to other men. He said:

> When I was in the military, that's against the criminal code of justice, so I did nothing in the military. I just think about, "Be quiet, just be quiet." We have women, and I dealt with them, because I was more or less scared of court martial for that type of action. I was a sergeant—E7 in the military—so I had two units I was in charge of. So, I couldn't be out there like that.

During our conversations, it was very important to him that I realized that he did not begin having sex with men until age 21 or 22, and that those encounters were mostly "accidents." This information was repeated several times, and even, at times, included the confession that "I like women too… sometimes." The sexual rhetoric-reality gap that he straddles is a constant give-and-take. This tension and conflict suggest an inability for Jayant to accept who he is and reflects a challenge in describing himself without labels. Jayant has a wide range of emotions, defiantly conflicted experiences and preferences, and desires that have limited his ability to develop positive sustaining relationships with other men. His need to suppress his homosexual desires exists side-by-side with the admitted pleasure he finds in sexual activity with other men. When asked to describe his male partners, he identified himself as the object of their affections, but he rarely mentioned his role as the pursuer (unless it was related to HIV transmission). Jayant stated:

> Most of the men I've dealt with is [sic] feminine men… Basically they have an attraction to me for whatever reason. I just find them more of a challenge than a woman because a woman usually is, always has been, the downfall. Their personality is different. I do not want to come out as a gay man, but I do deal with a lot of gay people. And I don't identify myself like that, but I obviously am because I enjoy it.

When asked about love, Jayant admitted that he has never loved a man. He does not use the term "lover," preferring instead to use the term "casual friend" because "we talk on the phone and they come to my house, or I will go to their house, and we do what we do… Everything is cool." When pressed, he said that he has "dealt" with a lot of men, using a term stripped of any kind of emotional heft and that is more suggestive of a problem to be resolved rather than an intimate, pleasurable act between adults.

Today Jayant feels that he has "some catching up to do." He refuses to talk about HIV with his sexual partners. The last time he had sex, Jayant was not aware of his sexual partner's HIV status. Now that he has been able to "get it [HIV] and move on," HIV is no longer a hindrance to his sex life. He intentionally avoids confronting issues of masculinity, homosexuality, HIV, sexual intimacy, and identity. I believe he is stuck with a persistent societal stereotype of manliness, which leads to his continual display of sexual prowess with multiple partners. His lack of acceptance of who he really is prevents true emotional growth, true victory. Yet, he feels quite victorious and is confident that he is making progress in his development.

Regarding his life within the context of the church, he toils significantly with those conflicts, stating:

> I'm on the down-low really because my people, my family is religious. So them being religious, they're not really with the gay scene… Gay people are ostracized in the church community because it's against the biblical principles. At the same time, you're supposed to be happy here on earth. You're not going to be here that long. So, I am trying to enjoy life on my own terms. I enjoy these feelings, and that it is just different… I am learning more and more every day about myself.

As we closed our time together, Jayant asked that I never forget his single word self-descriptor— "careful"—and that I remember that he is always "evolving."

Hakim (Participant 15)

Hakim, age 61 years, is the oldest man and fifteenth person to enroll in the study. Aligned with the meaning of his pseudonym, he seems *wise and judicious*. He is an African American single man who identifies himself as a Christian. He graduated high school and took 3 years of college courses. He earns approximately $20,000 per year from social security disability and a part-time job as a waiter at a banquet hall. He does not share living expenses with anyone, but he does share living space with a male friend who is currently in a nursing home. A self-described "curious person," Hakim said that he could not stop thinking about this research from the time that he first read the recruitment flier that was given to him by a male friend. Over a 4-day period, he pondered and spoke out loud to himself about finally having an opportunity to talk about the issues with which he struggles—such as whether he should be HIV positive like "so

many other gay men," and why he has not successfully seroconverted despite "many, many" sexual encounters. He is the second man enrolled in the study who is currently pursuing HIV.

During the prescreening telephone calls, Hakim clearly wanted to tell his story and share his views about his pursuit of HIV. We spoke on the phone four times before our first face-to-face meeting. His desire for HIV began in 1995, when his then-partner was diagnosed with HIV, and Hakim "wanted it from him." After that relationship ended, Hakim spent more than 15 years trying, unsuccessfully, to get infected with HIV. He has intentionally practiced unsafe sex since that time and estimates having sex with more than 50 men. When questioned if anything changed in his sexual practices after deciding to pursue HIV, he admitted that he has never practiced safe sex. During one of our prescreening telephone calls, he said, "Maybe this is a new way to perpetuate the species." He offers an evolutionary spin on HIV, stating that it is "survival of the fittest" and "HIV is just something we have to adapt to."

Hakim has been particularly focused on life since October 2003, when he had a cerebral vascular accident. He has no residual paralysis and seems fully recovered. Since then, being gay and being alive now means having no restrictions. Since he got "a second chance" to live, he might as well "just live as fully" as he can." However, that full life does not mean being public about his sexuality; the level to which he is willing to be "out… depends on the environment," noting that he is particularly careful to "not be out in the hood."

Hakim was born in a southern part of the United States. His family relocated to Philadelphia to find work when Hakim was age 8. His birth mother is the sister of the woman who actually raised him, and who he calls his mother. He reminisced about that change and spending "my whole life… in the suburbs of a little black community, four blocks by four blocks, right in the middle of white America." He recalled how "all of those blacks who moved and migrated there were servants for the country club, which is how I got to be living in the suburbs." He also looked back on his tight-knit community, where:

> The whole neighborhood knew each other. The whole neighborhood could have raised us, took care of us. On the way home, if you did something that day, they would let the mother know, the preacher know, and [you were] chastised. You were raised by the whole community.

He is still friends with many people from his childhood, pointing out that many characteristics were "ingrained in me…instilled in me." He spoke of learning "motives" for "certain behaviors." He also recalled it was not until the sixth grade, when he and his classmates "were integrated into white school, white society," that he understood that a whole world existed outside of his small black community. From that integration, he recalled, "most of my friends… the little 13 blacks… were separated because they all had different levels of intellectual achievements. So, most of my friends now [are] white, and there weren't a lot of black role models other than Bill Cosby." Hakim admitted that since most of the people he saw on television were white, "I was attracted more to white males… my first lover as a male was white."

His sexual debut coincided with the time he recalled knowing that he was a gay man, around age 20 years. Branching out beyond his 16-square-block neighborhood, many life events happened simultaneously, including connecting with his first male partner; his sexual debut, and a relationship with someone outside his race. He was perplexed by Glen (a pseudonym), because "he was Caucasian and Jewish," yet he also found him to be "a very gentle, caring person… The way he talked was completely different. He taught me about the Jewish faith and foods." Hakim then quickly began talking about another significant partner from his past:

> Then there was James (a pseudonym), who had a passion for theatre and ***very handsome*** [speaker emphasis] whereas Glen was not. It is his mind. But James was very handsome and, in love with theatre, and his mind. That was the 10- to 12-year relationship… We started a theater company together.

Both Glen and James are still alive, and Hakim has ongoing good relationships with both of them.

When he was younger, Hakim was married, and he and his wife adopted one son, who is now age 35 years. Although Hakim and his wife are now divorced, he is not out as a gay man. Since most of his friends and acquaintances reside in some sort of assisted living center, he spends much of his life reminiscing and taking inventory of his life. He revealed:

> When I was young, I behaved as a youngster. I'm trying to behave as a youngster now, too, but knowing a whole lot more about what it is I want or do not want, or what I want to experiment with… You can teach an old dog new tricks.

He is sexually active with other men, but he never discusses HIV, so he has no idea of his partners' HIV status. He is not concerned about safe sex and finds it unnecessary to be restricted in the one aspect of life that is supposed to bring pleasure. When discussing contemporary attitudes toward sex in the gay community, he stated, "Everything is no longer necessary. All those rules and regulations that have been brought forward… They have to loosen their grips on peoples' mental attitudes toward relationships." Hakim believes that rules need to be reconsidered in gay people's lives, stating:

> Yes, they have loosened it since way back… to have same-sex marriages. There was a time when you couldn't even walk in public holding hands with another man… Now they will hold the rainbow coalition. Yes, just evolution. Everything is changing.

Hakim talked about living by his own ethical principles, which he feels entitled to follow based on his age, and status as a stroke survivor. He also admitted that he changes the rules as he goes along, and realizes that rules are not absolute and that he can have different opinions, rights, and values. He seems settled in his life and knows what is important to him. He participates in activities that give him a sense of purpose, like regular visits to the nursing homes where many of his friends reside. He did not express any regrets about his past or his life choices.

When Hakim looked back on his life, he felt proud about his accomplishments and for living with integrity. His only despair was that he was not HIV positive like "everybody else." Speaking briefly about the role of health care in the management of chronic diseases such as HIV, Hakim stated:

> Things have to change in terms of health care or how one's sexual behaviors come into play with how diseases are treated, and if you don't look at the whole spectrum of behaviors, then something is missing.

Regarding HIV's prevalence in society, he explained, "You can't tell who has the virus. They walk among us." He laughed at this idea, stating, "I like it, and I don't like it. It's like a horror film." When asked to imagine what peoples' perceptions might be toward those, like himself, who are trying to intentionally contract HIV, Hakim asserted "not that it is suicidal, but it just goes along with the territory" of being gay. In addition, he asserted that there is intrinsic value in HIV:

> Just to take it as it comes. To fight, to look for ways to cope…to work together. Because when I look at this HIV virus, it could be an organism that wants to live. And there are other organisms that live in particularly symbiotic relationships… that work for the benefit for both.

Hakim viewed HIV through an evolutionary lens, with HIV eventually taking on its own identity, and even a gender:

> Because this virus wants to live, no matter whether you have one cell or two cells or… whatever. Living is living, and who can fight somebody, fault somebody, who wanted to live? So if having HIV for you is part of your living, so be it. I could've let him live, too, if he wants to be a part of my life. But you got to let me live in order for you to live; if I die, you die.

I asked him to clarify what "I could've let him live" meant by asking, "Are you calling HIV '***him***?'" [speaker emphasis]. Therefore, you will let *him* live inside of you, as long as *he* does not take your life away. His quick response was:

> Right, yes, yes, yes! Symbiotic relationship! Because I know that if he is going to kill me, what good is that doing for you? It will be a natural progression. Why should I be afraid of it? He is just going to have to adapt, or I had to adapt to it. You adapt to your environment.

The answer to this question may relate to his views on linking HIV to homosexuality—to perhaps evolution—and survival of the fittest, either man or virus, and the role of adaptation in the larger, more global process. In explaining the risky behaviors that characterize his intentional pursuit of HIV, Hakim offered this analogy, in which he drew clear parallels between disease transmission in gay men and pregnancy for women:

> If I am a female, I got to protect myself from getting pregnant. But if I don't do that, [pregnancy] goes along with the territory. So, if we are going to participate in that kind of thing, we got to be prepared for the consequences… We know the consequences of not using a condom, therefore [if] we don't use the condom, then we accept that responsibility. It's HIV birth control.

Although Hakim knows about post-exposure prophylaxis (PEP) to prevent HIV, he never sought medical care after sexual exposure. In fact, he never attempted to prevent HIV transmission. Although he does not ask his partners to use latex barriers, he believes in "free choice" and does not prohibit his partners from using condoms if they want to.

He has had unprotected sex with numerous HIV positive men, and assumed receptive anal sex with no seroconversion and no PEP. He described his multiple attempts to get HIV as:

> No big deal… It's just spontaneous, not having to worry about a condom or deal with that, even if do you have another STD… It's more relaxing, not programmed or predetermined what the next move is or who is going to do what… that's more flowing.

In asking him what he would say to his potential partners, he suggested, "Relax. I am going to be responsive for that. I think that's giving him both… control and the power of what's going to happen and not leaving blame or guilt. Just raw enjoyment."

When asked to imagine how he would react after a confirmed HIV diagnosis, Hakim stated, "There might be some changes that… I would be able to cope with. No encounters like ***before*** the HIV and then ***afterwards***" [speaker emphasis]. Although he acknowledged that a period of adjustment would occur, he minimized the effort, describing it as "facing the fear of your demons" and nothing more than "a crossover… a glitch."

In exploring what his friends might say of his intentional pursuit of HIV, he said "Knowing how strange that I am, what an oddball I am, it would make no difference." I asked him to clarify this perception, and he repeated that the people who know him "would not be shocked. It's eccentric," adding, "Once you had sex, whether a male or female, there is nothing new to learn, nothing new to experience."

As our interviews came to a close, I asked Hakim about his views on gay men being blamed for HIV. He stated, "I don't feel that gay men can abandon the whole thing." He does not believe HIV will be eradicated, and he sees no opportunity for a cure. At one point during our interview, Hakim began talking about disease in a more religious fashion, asking, "Can one chase the demons out and be cured as a gay man because of a lying [sic] on of hands? Or, is it that we admit that one is a sexual being?"

Sharing his story was important because it gave him "something to talk about—to hear what I am saying, as opposed to just thinking what I am thinking. To visualize those words coming out of my mouth and what it really means to say those things. It is almost like… that thing in the Bible… Getting the word and giving it light… to put it out in the universe." He explained that the act of hearing his voice allowed him to become "more of who I am becoming as a whole, because I'm… becoming even more alive." When asked what I should never forget about him, Hakim said, "There could be more, there could be less. But these are the things that you heard… This has been so wonderful a journey." His final request was that I remember this analogy:

> What you do, you do. Could you say that you watched that movie and tears come down and the laughter comes out? Do you feel it? You might not feel it, but you think that to feel, to be wise, ***to know that you can feel*** [speaker emphasis]… That is the whole thing, and this is what some of the actors and actresses that I work with do… Those people outside? They did not come here to know what ***you*** feel. They came here for you to make ***them*** [speaker emphasis] feel. So don't worry about it. Just worry about how to feel.

Reinhard (Participant 16)

The name *Reinhard*, meaning *brave as a fox*, describes this participant. An African American man who is now age 53 years, Reinhard has been living with HIV since 1990. He has an eye-catching smile. He is a large man who walks slowly and speaks carefully and deliberately. Prior to meeting in person, he confirmed over the phone that his HIV infection was, "to a certain extent… his own doing as a way "to fit in." He heard of the study through an outreach center in Philadelphia that provides medical and mental health case management and other services for people of color living with HIV. It seemed that word spread quickly through this center about the study, as several men enrolled after hearing about it at this place.

Currently unemployed, Reinhard lives on a social security income of $8,000 per year. His health care is secured through Medicare/Medicaid. Reinhard has no physical condition other than HIV, but he lives with post-traumatic stress disorder and major depression. He completed high school and took 2 years of college courses. He is a Christian. He defined his family to include his mother, two brothers, and one sister. He never mentioned a father figure. He currently lives alone and does not share living expenses with anyone. He is selective in his public disclosures about being gay, almost to the point of ambivalence; when asked if he was out publicly, he said, "Yes and no… on some level." Elaborating further, he stated that around the age 16 or 17 years, he "may" have come out. In addition, only his mother is aware of his HIV diagnosis. His participation in this study is a secret that he "has not shared with anybody." Yet, he also said that sharing is important to him and he wants to "be a voice."

Reinhard estimates that he has had sex with between 100 and 200 men since his sexual debut at age 16; approximately 50 of those encounters happened between the ages of 21 and 31 years when he was actively trying to get HIV. He believes he knows who infected him with the virus. Discussing HIV prevention with sexual partners has never been part of his repertoire, even before he wanted to become infected. He never took action to prevent transmission, stating that "wearing a condom" meant "I would not have enjoyed the sex." In fact, 2 days prior to our first interview, he had unprotected sexual intercourse with a man; they never discussed Reinhard's HIV status.

Reinhard's HIV status has not been a deterrent in moving his life forward. He reported being highly satisfied with his life, stating that he would not turn back the clock prior to becoming HIV positive. In describing himself, Reinhard explained:

> I've known since I was five years old that I was going to be gay. I was born that way. I feel comfortable with being gay. I wouldn't want it no other way, even if I was to die. If you was [sic] to ask me, can I go back and do it over? I would be gay. I think of myself as being a very strong-minded person, sensitive, soft—even though I might not look that way. At one time, [I was] brilliant! But I went through a lot of abuse, so that [his brilliance] died away. Yeah, it died away.

His history of childhood abuse figured prominently in Reinhard's adult life, and he delved into it as soon as our interviews began. Repetitive patterns of abuse throughout the critical stages of childhood and adolescence have no doubt contributed to his mental health diagnoses; they may have also been a trigger for his pursuit of HIV. During our

interviews, many of his childhood memories centered on abuse, and it became obvious that it was important for him to share these painful stories.

In reminiscing about family, he recalled incidents when he and his older brother were thrown out of their house and sought refuge by sleeping in cars. As he shared more of these stories, internal conflicts within Reinhard began to stir. When asked what he thought about while he was being abused, he responded, "A lot of time, I be thinking why did God give me such a brilliant mind, and then put me in a family that was so abusive, and so mean, and cold."

To Reinhard, sharing these stories was critical in helping me understand how his abuse led to the "loss of a brilliant mind." He continued:

> Then I had to think to myself: I'm no better than… any other child that had been abused. So what if I was ***brilliant*** [speaker emphasis]? That doesn't mean that I'm exempt from having things done to me just like a child that was not brilliant. It could have happened to them. It happened to me.

When I asked Reinhard what came to mind when he was reliving these stories as an adult, he replied:

> "It [the abuse] was physical, mental, and sexual. That's not how I have become gay… I knew it before all this started. But let me say, they did a lot of mean things. My grandmother and aunt… starting at the age of five. They labeled my mother as being crazy, but she wasn't. They abused her before we was [sic] born—she told me that in later years. They threw her away in Byberry and abused

> me and my brother above me. I'm the last child. My grandmother and my aunt, they both abused us.

The reader should know that *Byberry* was a Philadelphia state-based psychiatric hospital that opened in 1910 and was closed in 1960. It housed a wide variety of people, from the mentally challenged to the criminally insane.

"Do you want to know about the abuses?" Reinhard asked me. To which I replied, "Share whatever comes to heart." So he recalled the following:

> It started [with] them throwing me and him out. I think this happened about two times… I was 5 and he was 7. Somehow we found our way back home. We would go right around the corner to a gas station at night and sleep in the cars.

He chuckled briefly at this idea and looked me right in the eyes, as if he were seeking validation about how smart it was to sleep in cars for warmth and safety. The story continued:

> After that, we were found or somehow ended up back home. And they was keeping us locked in the basement. We had to sleep on a box spring with no cloth on it. It was just the spirals, the metal. No covers, no nothing. Then, my grandmother came down to have her early morning beating us. ***Wake up to go to school!*** [speaker emphasis]. And my aunt would come behind and fight me in the cellar—push me, punch me on the face, and stuff like that. That went on for years… My mind was warped somewhat. That is why I didn't tell the authorities about it.

He tried to bring closure to this part of his life by developing a rationale for his life's next phase—his journey into a boarding home. He said:

> They put me and my brother in a boarding home. My aunt and grandmother were convinced that my mother was crazy, which was not true. And all her children was [sic] to be the same way. And that did not make any sense to me because, first of all, my mother had epilepsy since the age of 11. I do not have it, and none of us had it. ***They*** [his grandmother and aunt] ***were the ones sick***! [speaker emphasis]

To the best of his recall, the sexual abuse began at the hands of two men who lived in the boarding home. "At that time," Reinhard stated, "I was about six and a half… They were gays, and I told my brother… there are two men raping at night." The abuse "went on for years and years." When I asked Reinhard to clarify if he was sexually abused by others in the boarding home, he was emphatic in his denial. He told me that although he and his brother were the only two children in the boarding house, his brother was spared from the sexual abuse "because he would argue with them."

After some time in the boarding house, the boys returned to their abusive family home, and it was "the same scenario for years and years. There were times when my grandmother would try to force my hand through a washing wringer." With a flat affect, and with tears welling in his eyes, Reinhard recalled numerous times when "she would tell me she was going to put my hand in the oven just to see if I had any feelings. It was rough." He repeated this last sentence again, as if to reinforce its impact on him, and then

he continued, “That is why I feel that the gift [the intelligence] that God gave me, which was really a good gift, died away.”

When he was about 12 or 13 years, Reinhard walked to a local hospital to seek help. Prior to going to the hospital, he called ahead to confirm if it offered mental health services, and he admitted to me that he was still proud of that. He imagined that a physician might save him, and was filled with hope because the hospital had a mental health center. Reinhard stated, “I went down there to see a doctor and told him about it. He couldn’t understand why I was by myself.” Nevertheless, he also recalled:

> I knew that what they [his abusers] did to me, and also my brother, had a real, real strong effect on my mind. And then I was depressed. I took medicine. And then for a whole year, I saw them [the mental health doctors]. And then after that year, I did not see him [the psychiatrist]. He [the psychiatrist] said that I was okay, which ***wasn’t true*** [speaker emphasis]. For years and years. I graduated from high school, depressed. I did everything depressed every day. All through grade school, with the exception of that one year when I made a point from seeing them and being depressed. I did a year and half a college. I didn’t graduate from there. I graduated from the barbering school and worked.

As Reinhard grew into adulthood, the abuses stopped, but their effects lingered. His depression “stays with me every day, all the time. Major depression and, of course, post-traumatic stress syndrome.” The intensity and duration of the abuses may have led not only to depression, but also to self-neglect, self-defeat, and self-abuse, with the culmination possibly being intentional infection with HIV. Or, it could be that Reinhard

was simply seeking human contact and casual sex that was consensual and satisfying, after years of forced sexual abuse at the hands of pedophiles in the boarding house.

With Reinhard, relationships come and go. He talked about the disintegration of a recent relationship, stating, "Even though I was the villain, he still hung in there with me as a lover. And our lover relationship ended, but he still calls me to this day." He remains very sexually active, and talking about "loving" sex clubs that give him the freedom to have unprotected anonymous sex in various settings. He expressed annoyance with the Departments of Health that close down these clubs in an attempt to stop the progression of HIV. He said, "I felt as though they should not have put a stigma on all the gay people… They were saying that we were the ones that caused the HIV."

During our third interview, I became somewhat frightened for Reinhard. I recalled that he felt "fine" in the time between our first and second interview. But the time between our second and third interview had clearly not been fine. I asked if he wanted to talk about anything that may had come up since our last meeting. He responded:

> I have been okay. The post-traumatic stress that I was telling you about has really been hittin' me pretty hard. I have been thinking about maybe going to the hospital for a little while or just let my doctor know. They said they don't have medicine for this.

Then, Reinhard shifted gears, asked if I recalled what he shared during our last interview, and said he would like to continue talking about his family again. At one point, he even turned to the recording device as if to seek permission, knowing this conversation was being audio recorded. He began again, asking:

> Is it OK to let you know about this? My mother said that my grandmother and her sister, my aunt, was always picking, picking, picking at her… and then she would explode. They labeled her crazy. My mother was taking real good care of us. When I was about five years old, my grandmother and aunt came around and just took over. They took four of us. But my older brother and my sister—they did not get abused, they were of age.

He also returned to the familiar story where he and his brother walked the streets at night, after being kicked out of their house. To a certain extent, he seems stuck at this time. All of his adult years revert back to his period in his childhood, despite the fact that he was unable to share one positive memory of his youth.

Eventually, we begin discussing HIV and how it fit into his life. When I asked him in general terms, why he thinks men get HIV on purpose, he matter-of-factly stated, "To fit in… To be more comfortable about themselves amongst other gay people." When it comes to talking about his own disease, he remained nonchalant:

> I am very happy with what I am about to say. HIV means to me that there have been plenty of diseases that have been down here, way before I was even born or you were born… God allowed those things, those diseases, to come into the human world. And the bible speaks of it. At first thought, it was really horrible. But now I look at it like a growing, like a cancer, or something wrong with the body. They give you medication, and you can live a normal life span—doctors told me. People try to stigmatize, but they are not really educating themselves like

> they should. It is a disease. More people are dying from cancer and kidney problems.

When I asked what he thought about men who get HIV on purpose, Reinhard seemed to be recalling personal stories:

> I know guys that go to bathhouses. Not all of them, but some of them, are HIV positive. And they just go to the bathhouses, and they do what they do. They do not even use condoms. But a guy might go in there. He might be high or drinking and worked his nerve up to go into this place… Some of them know that these strangers might have HIV, and they don't care. You know, so what? He knows the risks… He is having sex with strangers. He might get HIV to fit in.

For Reinhard, fitting in means "to be more comfortable…among other gay people." Fitting in was particularly important to Reinhard through the 1990s, when he traveled frequently between Philadelphia and New York City. At that time, fitting in meant prostituting himself. It also meant dating a man who was a prostitute. Neither man practiced safe latex barrier sex with clients or within their relationship. Being a prostitute allowed Reinhard to feed his sexual appetite while having "some bucks in my pocket." Since not every sexual encounter was sexually satisfying as a prostitute, Reinhard uncovered an uncanny ability to detach from the sex act, whereby he would "put myself in neutral." He recalled that when he was being sexually abused as a child, he did something similar, which he referred to as "separating himself" from what was happening.

Beyond fitting in, it was also important for Reinhard "to have another guy with HIV to be lovers." Having HIV meant being "the same," having a community "like myself" and knowing people that were "comfortable with their sexuality." When asked about the role of community in his life, he responded, "I wanted to be part of… the groups of men…where I could be like a family, a community." When Reinhard made his decision to seek HIV, this acceptance was the benefit that he imagined HIV would confer, but it does not seem like Reinhard achieved this level of success in his relationships. As Reinhard stated, "A lot of guys, they had really shied away from me. I don't know whether it's because of my illness or what." Today, he imagines that he could have fit in *without* HIV.

As we closed the interview cycle, we talked about labels. He told me that people who use society's labels are "narrow minded," and he recalled being labeled throughout childhood: "faggot, homo, girl, Miss Thing, Miss Gardens, Fruitcake." When asked how labels affected him growing up, he responded, "When so much is going on at home, worrying about where you gonna live. And then trying to deal with that, trying to learn something that is possible, and dealing with the kids too. It was rough."

We talked about how people, particularly those who are not in the gay community, may not understand the allure of intentionally seeking HIV infection, at which point Reinhard emphasized the importance of the role of the individual and their needs. People who judge him for contracting HIV "have not really walked in my shoes. It was individualizing, and it might be right for me. It does not necessarily have to be right for you… but do not knock it." In closing, I asked Reinhard if he ever felt marginalized, either before or after his diagnosis, to which he responded, "All my life, really." When it

came for him to select his one-word descriptor, he chose "coping… because when I found out I was HIV positive, I wasn't afraid or scared. I wasn't going to walk around boo-hooing". Reinhard asked that I never forget that he has been, and continues to be "a survivor."

Raz (Participant 17)

From African origins, the name *Raz* means *secret*—a perfect likeness to describe the seventeenth man to enroll in the study. Many secrets are tied to Raz's history of sexual promiscuity, his sexual identify, and his indulgences. As it turns out, few people know the true Raz, and the fact that he is HIV positive. Initially, he described himself as "pretty much a simple person." Nevertheless, the truth is that he is incredibly complex and he is constantly at odds with who knows what about him.

Raz has been living with HIV for 15 years. Now, at age 48 years, he finds himself thinking frequently about his "suicide pact" and the 5-year span when he was "on a mission" to get infected. When asked to describe his life, he used the words "sad" and "envious," but quickly started laughing, and said, "Let me start over."

Raz is an African American man who considers himself a Christian. His family dynamic is fragmented, and he has little contact with his family now. He describes his family relationships as simple, although no one has "ever really been close." They occasionally get together for "holidays and birthdays," but nothing to suggest regular, day-to-day contact. He qualifies for $730 per month through welfare, and he is employed part-time, under-the-table, doing construction and home remodeling. His health care coverage is secured through Medicare/Medicaid. Raz graduated from high school and

took a few college courses. Besides HIV, he has arthritis and glaucoma. He has been sexually active with male partners since the age of 12 years. Despite having HIV, he enjoys an active sex life and reported that he had sex with a stranger a few nights before our first interview. As is customary for Raz, he and that man did not discuss HIV status or prevention.

Currently, Raz has a pseudo-partner [a man he never names] with whom he shares living expenses; this man is also HIV positive. Raz has challenges in defining the relationship between them in both terms of a lover/partner commitment and Raz's overall comfort level in living together. They have lived together for about 4 months. This partner knows that Raz is HIV positive, but does not know that Raz intentionally sought infection. His live-in partner also has no idea about Raz's recent sexual experience with the stranger, but this secrecy is not out of the ordinary since Raz frequently pursues these kinds of encounters. Lastly, although his partner knows of Raz's participation in a study, he is unaware of this study's full purpose. Raz said, "I told him that I was doing a HIV study, and there was an odd component that I would explain to him later." Raz admitted that he could not imagine how his partner "would even take something like this," stating, "I don't know how to explain to him." In fact, Raz affirms, "I don't think I will tell him."

Raz was raised by his maternal grandmother. When he was a newborn, his mother moved to a different city and state with his then 2-year old sister, leaving Raz with his maternal grandmother. He remained with his grandmother until he moved to Philadelphia at the age of 18. He reminisced fondly about moving to Philadelphia because "I had been in constraints as far as what I could be and who I could socialize with because of growing up with all these people." Moving to a new city where he was

"a stranger" was liberating, because "once I got to Philadelphia, I knew nobody." He inferred that the small town he grew up in was too small to guarantee any level of secrecy about the things that he most wanted to hide. He said, "I immediately got into the life of Center City, the '*Gayborhood',* we called it."

Raz's sexual debut with a male partner precedes his acceptance of his gay identity by more than 10 years. He recalled being a child at age 9 or 10 years and peeking at another boy in a school bathroom, only to discover that he thought the boy's genitals "were pretty." He recalled being confused that the boy's genitals "aroused me," but so did the television show *Charlie's Angels*. Raz laughed as he shared these memories, and he recalled that his "curiosity" led him to ask the boy, "Can I see that? Can I touch that?" The boys "experimented" from time to time. They would often "touch" one another, or "show off "their genitals to one another.

For Raz, as puberty gained a stronghold on him, his infatuations led him to be more brazen. He laughed at another memory of what he considered harmless adolescent experimentation, this time with an older boy:

> Then there's this one guy who he was into that type of stuff. He was older… and I guess he must've picked up ***on something, but he got me*** [speaker emphasis]. And he told me, "Come here." It was in this wooded area. He said he wanted to ***show me this spot*** [speaker emphasis]. He was a bully, too… a white guy. So I was kind of scared about it. He told me to suck his dick, he told me to take my pants down, and from then on, I kinda kept that separate from my family.

In recalling how he felt about the bully and about sex with other boys, he told me that he liked some things, but he also said, "I didn't know. It was conflicting. I couldn't tell nobody… I didn't have people to talk to." I asked if there was any other sexual abuse from that time until he turned age 18, and he said, again while laughing, "No, No. Because I'm like Clinton. I don't think a blow job is sex." So again, his use of secrets, semantics, and laughter was a way to gloss over realities.

Raz said that he consciously accepted his gay identity around age 25 years. He acknowledged that it took a long time for him to put a label to it. He has never come out publicly as a gay man. As a younger man, he struggled with this secret, which, in part, drove him from the small town he grew up in. He reported having had sex "discreetly" with more than 50 men, but this number does not include the numerous "non-discreet" encounters. For Raz, the term *discreet* means *anonymous*—meaning *sex with complete strangers with whom no additional contact occurs*. *Non-discreet men* are *those with whom he shares his identity, and they connect after their initial meeting, either for sex or friendship*. Nothing seemed to faze Raz about candidly discussing his sex life stating, "From the era I grew up with, it was sex on a dime."

Raz exacts meticulous control over the various social groups with which he interacts. He explained that he "compartmentalizes" his friends into separate social groups that do not mingle with each other. Never letting his worlds collide is a top priority. His friends belong in either the gay group or the straight group. The gay group is further divided into those he does not have sex with (coincidently those with names), and those with no names with whom he has sex. He compartmentalizes his lovers, as "the feminine, the pretty, the passionate, and the loud." He also compartmentalizes men by

race, with "my black guys on 13th Street, and my white guys on 20th and Sansom or Spruce." Women are not spared from compartmentalization, either. There are those who "hit on me," and those who do not. He divides women this way because he feels compelled to fend off women who demonstrate sexual interest in him. When asked if it is hard to keep all the groups clear in his head, he stated, "I got everybody that knows me, and it takes a mental piece of work here to remember what you know."

During his prescreening conversation, Raz revealed that he has got HIV on purpose because "I didn't care—that's what made it suicidal." Now, Raz believes he would go back in time if he could. Understanding his suicide pact required that we go back to 1990, when Raz was in love with a man who had HIV; Raz never revealed this man's name during our sessions. However, to ease readability and prevent vacillating between multiple partners (of whom Raz has many), I am naming this lover *Xavier*. It is important that the reader understand that Raz believes he got HIV from Xavier on purpose. Raz explained that Xavier's HIV stood in Raz's way of real intimacy because Xavier would not have sex with Raz for fear of infecting him. Rather than view this as an attempt at protection, Raz was frustrated by Xavier's "limitations on what we would do."

In describing his suicide pact, Raz presented a detailed, chronology that articulated how one action led to the next. It was clear that each step in this process was important to Raz:

> The suicide pact came with my behavior. 'Cause I wanted him [Xavier], but I didn't want him the way he wanted it to be. He [Xavier] was putting limitations

> on what we would do sexually. So, I would go out and get what I wanted [HIV] elsewhere. That's what I meant about the suicide. I knew four or five guys [who] were HIV positive. But you know, holdin' 'em, sharin' with 'em? That was okay, but it wasn't who I wanted to be with. There was a component of drugs that I came into at that time. And I was using, to make all these things happen, and he [Xavier] kinda wanted me to get out of that. So, I got into recovery. I moved in with him, and I had to try to convince him that I wasn't scared. I really just wanted to be with him… ***nobody else*** [speaker emphasis]. I was committed to him. HIV wasn't gonna [sic] stand in the way because I wanted ***everything*** [speaker emphasis]. His [Xavier's] semen *(here Raz giggles with embarrassment and seeks my permission to be so candid).* Well, it was the semen that I wanted. I wanted to feel it. I wanted it. I wanted him. I wanted that.

He romantically reminisced about Xavier further, adding more details about their 10-year relationship:

> Oh, God. I had an interest. He had been HIV positive for a bit. I don't know exactly how many years. But he had been positive, and beautiful, very attractive, a very beautiful spirit. We started to see each other, but he kept protecting me with condoms. That is not really what I wanted. I wanted all of him. And I felt that he thought that it was only HIV [that I wanted]… I was scared, and personally I thought it was separating us. There was nothing that I would not do for him, and we started having sex and sex and sex because I wanted to feel his semen. I got infected within a year's time. Less than a year, actually.

It could be argued that Raz did not actually want HIV, nor did he want to die. Rather he wanted Xavier's semen, and the meaning of semen made semen more than a commodity. Thus, in one regard, transmission of the semen was a statement of confidence in and commitment to the relationship. In another regard, semen reflected the rawness of the sex that Raz was most satisfied by—sex without barriers. He told me many explicit details about the importance of the exchange of sexual fluids, stating, "I just wanted to make sure I had captured him in a way I thought… he would let nobody else."

Both Xavier and Xavier's physician pleaded with Raz and Xavier to protect each other, insisting that safe sex did not have to create barriers. On occasion, Xavier "would make me go to his doctor and get tested. And they [the doctors] kept telling us: get tested, use protection, and things like that. And we kept shaking our head, like… *yeah*."

At the same time, Raz was eager to hear about his diagnosis, so as much as he disliked going to the physician, it was a necessary step for confirmation. He recalled the crucial moment when he learned of his HIV status, stating, "When they told me, I didn't really feel sad. It felt… well, okay, we together now" [sic]. He summed up his partner's reaction as follows:

> He [Xavier] felt lot of guilt *(here Raz laughs)*. He did. But I think of my commitment to him, and [of me] showing love regardless, he was really, really happy. Not that had I had HIV. But he was really happy that I loved him… He wanted to have that type of intimacy again. He told me as much after I got positive. He said, "I got somebody [to] be free with."

Asked if he would pursue HIV again if he could go back, Raz said, "With him [Xavier]? Yeah. I would not change anything, even though I feel alone today." In attempting to clarify, I asked, "How about if I change the question and say that if you could go back in time knowing what you know now, would it still be the same?" He replied, "Because of him [Xavier], I want to say yes. But that's the only reason. Outside of him, I would definitely say no." He proudly explained that being infected by Xavier meant "we now share something that made us a couple; we were actually together… We have something common, which opened him up more to me. We had a bond." However, losing Xavier to HIV gave rise to different feelings, as Raz explained:

> Without him, it's alone and lost. He's gone now, and it don't feel like it's a good deal. It left me alone. I have had a hard time trying to talk to other people. I have a hard time hooking up. I never was really good at it, but *(Raz laughs expressively)* now I am really bad [at hooking up].

Raz admitted that his main motivation for turning back the clock would be to reunite with Xavier. Given the chance, he would love Xavier differently. Raz believes that without Xavier, HIV has robbed him of his confidence and his ability to be forthright and forward with people. He stated that HIV has physically changed him, and that it "has a look." He said, "I know that is for fact. I see my pictures and looking myself in the mirror, and I do not know the person I see. I do not recognize myself at all." He recoils, physically and emotionally, from mirrors, explaining that he avoids them "except in the morning… I gotta face myself in the morning. That's the only time I really gotta look… I do not tend to be vain *(laughter)*. Well, I am vain, but I don't know."

We opened our second interview with a recap of what had happened in the intervening month between this interview and the last one. Raz shared:

> I have not been to a church in some time. And that particular week that we ended our session, I went to Church. I was thinking about my ex-partner who passed away [Xavier]. I have been thinking about him a lot. And I am thinking in a way, only in a small piece, that I have been unfair with my partner now because now I find myself comparing. I did not really, I hadn't thought about my ex. But now, I have been thinking about him, and he's [Raz's current partner] nowhere near my ex [Xavier]. So I am having difficulties in my relationship… I have started to compare, so talking about this has made it more clear. I did not really think it [the effects of participating in this research] would go this way. I thought maybe I will cry, but I do not cry. I cried when I went to Church. But outside of that, I have been more into the day, and looking at what was and what is. That is kind of where that session had my head.

In talking about the future of HIV, Raz stated that it would be "a waste of money" to develop a cure for HIV because to him, a cure for HIV would do nothing for those already infected with HIV. Ironically, HIV has given rich meaning to life for Raz. However, he believed that a vaccine for prevention would be valuable if that would mean relationships could be free of barriers. Moreover, life in general, would be easier, without the label of being HIV positive.

Raz is constantly back and forth, with "20/20 hindsight." Throughout the three interviews, Raz emphasized that having HIV was never about having a particular disease

and not about suicide. Rather, HIV was the only way to demonstrate true love for Xavier, stating, "If he had never died, I would have been still happy." In addition, Raz wholeheartedly feels, "somebody [Xavier] gave me what I wanted at that time, and I don't want to not remember that." Even though HIV will eventually put Raz "in a box", he reminded me that:

> I have loved. I really have loved in the way I don't think most people do. I am still happy, but when I was in love, I loved, and it meant something. There was life, love.

Thornton (Participant 18)

The last man to enroll in the study was Thornton. From Old English, this pseudonym meaning *from the place among thorns*, aptly described him. He struggled for many years with sex and drug addictions, incarcerations, multiple sexually transmitted diseases, issues with sexual identity acceptance, religion, and depression. Thornton is the only Caucasian man to enroll in the study. He was diagnosed with HIV in 2011 during a required health screening prior to serving a prison sentence for possession of illicit drugs. Thornton is age 42 years. He completed a 2-year college program and has an Associate in Science degree in criminal justice. Raised Catholic, he attended Catholic parochial school for 8 years, and spent 4 years in an all-boy Catholic high school. He works intermittently as a paralegal in Philadelphia. His income is between $37,670 and $47,670. He currently lives at home with his parents, and they all help each other financially and share living expenses. Since approximately age 25 years, he has been out as a gay man.

During our interviews, Thornton frequently shared memories of the 1980s and 1990s, while reminiscing about the influence of the church on his early life. It is important to note a sort of briskness to Thornton's engagement throughout the interview. Without hesitation, he frequently lashed out at himself and the church during our discussions. When we began the first interview, I asked how he would describe himself; he immediately offered:

> I think I am a good person. I love animals, and I enjoy working with people, helping people. I like sports. I like theater. But I also have a lot of emotional problems. I am not happy with the hell that I put people through who I am close to because of my drinking and dysfunction.

Thornton described an early realization that he was different from many of the children with whom he went to school, and he struggled with keeping his identity secret even as a young boy. This perception and secrecy was especially true during puberty in Catholic high school. In one regard, he remembered that his family was "great, supportive, very close." But, by most accounts, "Thornton as gay" also automatically created a sense of marginalization, and he lived in constant fear that his childhood counterparts would only see his gay identity and could never view him as more than that. He feared the consequences of being found out in his all-boy high school.

About growing up, he has a mix of fond memories and conflicts. He stated, "When I was growing up, most people worked at the steel mill. It was very blue collar." He went on to describe life in suburbia, growing up with many kids like himself. But soon enough, he began to realize differences:

> I am angry and disappointed that still to this day I did everything that I could to change my sexual identification. I tried. And it did not work, and I am angry at how people in society look at you, and the church especially. I am getting better with it, but it is still there—just a little bit of self-hatred, being angry with God.

Those childhood fears have stayed with him his entire life. However, his gay identity "is a small component of who I am, but that is what people will sometimes judge me by immediately, not Thornton the animal lover, Thornton who volunteers, Thornton who works with people in crisis situations, Thornton who does all these things and has a lot to offer." He expressed anger at people who overlook these aspects of his identity and focus on his sexuality as his primary defining characteristic.

As a young boy, Thornton's sexual interest in other boys led to internal conflicts because Catholic school doctrine equated being gay with being a sinner. Thus, he was not good, and he was powerless to change it. In an attempt to overcome his homosexuality, he even tried having sex with girls, but recalled it as "just awful!"

What seemed natural to Thornton, as he grew through puberty, were his male-male sexual discoveries. He remembered his first sexual experience "with a kid up the street, he was fifteen. It was great—I loved it. He felt more that it was wrong when we were done. I didn't." He tallied several years of encounters with this boy, leading up to when Thornton got his driver's license at age 16. Being able to drive gave him an opportunity to venture outside of his immediate neighborhood and the freedom to experiment at "the cruising spot" [under a bridge connecting Pennsylvania and New Jersey]. He recounted that "a couple of people were killed back there. They were stabbed,

and stuff got really bad." Yet this danger never dissuaded him. In fact, the dangers associated with these adventures made them even more enticing. He stated,

> It was very unsafe, but it was very cruisy [sic]. The AIDS epidemic had hit, there was a lot of paranoia and stigma going on, and I used to meet guys there for hardcore sex—anonymous—meeting guys in the woods type of sex.

By the time Thornton turned age 18 years, he discovered bars and underage drinking, and described another milestone where "I would get in under age… and then it exploded." He recalled the results of his promiscuity all those years ago, saying, "I have had gonorrhea, hepatitis B, [and] I think chlamydia… and urinary tract infections from it."

When Thornton joined the study, many other men had already completed at least two interviews, so I was aware of how to handle difficult interviews. I imagined this process was going to be difficult for him, but I also sensed certain urgency from him when we initially spoke during our screening telephone call. At the forefront of Thornton's many concerns was his reluctance to initiate a regimen of HIV therapy, even though his outward body habitus changes suggest a lengthy illness. He already has lipodystrophy and fat redistribution, and he "knows" he is unwell. Fear keeps him from engaging in health care, including what he considers the "inevitable" confirmation that he probably has progressed to AIDS. When asked to elaborate about not seeking treatment for HIV, he recalled the AIDS horror stories of the 1980s, stating:

> The reasons why I think I am afraid to get the treatments is because it is going to be like accepting what I have, and what I can be looking forward to: fears of wearing diapers and looking like that whole thing in 80s and early 90s.

He was also adamant that a relationship with him and a health care provider must be therapeutic. Fearing disgrace, he said,

> I didn't have any problem accepting that I have it, ***it is talking about it*** [speaker emphaisis], and because of my reasonings [for seeking HIV] and the guilt [caused by his identity conflicts and the church] and because now feeling a little bit like there is something wrong with me… you know, did I do something wrong?

Through his own online research, Thornton ascertained that he has been HIV positive for at least 1 year because of his symptoms. He clings to the hope that a fellow inmate, with whom he fell in love while in prison, infected him with HIV; however, this story completely conflicts with the timeframe of his diagnosis prior to incarceration. Thornton "was determined to do it" when he was in prison and with this one man in particular. He also admitted to having sex with "at least 50 men" between the time he decided to contract the disease and when he was diagnosed. To this day, other than the physician who diagnosed him HIV positive and myself, "not a soul knows" of his HIV status.

Although Thornton recognized his developing sexual interest in boys at about age 11 years, it was not until he was age 25 that he "accepted" that he was gay. Prior to that, he had been sexually active with both male and female partners. To his knowledge, he has never fathered any children. His recent romantic and sexual partners have been exclusively male. In discussing relationships, he admitted, "I loved," only three men, one of whom is his current partner. The other two relationships ended due to his infidelity or addictions. The first relationship lasted approximately 4 years and ended due to

Thornton's drug and alcohol abuse. The second was a 12-year relationship and Thornton stated, "I blew it." He justified his addiction and the demise of this relationship because "I was unhappy in the relationship for years. I kind of settled, to be honest, and we were not very compatible in lot of ways, especially sexually."

Because of their incompatibility, Thornton and his partner would experiment with multiple-partner sexual encounters that Thornton called "three-ways." Three-ways were more common when Thornton took drugs, but his partner was unaware of his drug use. Thornton believed that his drug use raised his sexual interest and led him to persuade his partner to take part in the three-ways. Thornton explained,

> Even after being with him for 12 years, I still wanted to be monogamous and sexual with him, but he did not. He suffers from a little bit of impotence, and I am wild and crazy, and it would have not been a problem being monogamous with someone as long we could still have that crazy sex.

Although Thornton was reluctant to share some parts of his story, he also talked about how his sexual tendencies throughout his longest relationship contributed to his desire to contract HIV:

> I was feeling very hopeless about my life. I was feeling very, very bad about my sexual promiscuity, that I put risk to my partner whom I was with for twelve years. And I almost felt like I deserved that. I did not infect him. But I almost felt with all this going on, this is what I should be doing—taking pills and being HIV positive… that sounds crazy, but… I have gone a long time without it [HIV], so it is almost my time [to] pay my dues.

Bothered by the lack of sexual intimacy that accompanied his 12-year relationship, he numbed his isolation and unmet sexual needs with drugs and alcohol, "drinking more every day, all day, and finally that just came to a head. I was out of control."

During this time, Thornton never escaped his Catholic upbringing, and intravenous drug use significantly added to his problems. On some level, the wrongness of the sex was a factor in his overall sexual addiction, paralleled with his drug addiction. In tandem, the arousal and desire were difficult for him to control. Thornton noted that he is unlike other men who often lose their sexual appetite or desire because of drugs. In Thornton's case, drug use escalated his sexual libido, and when he was high, he could easily ignore the teachings of the church and the accompanying guilt. He compared the conflicts of the church to his challenges with drugs and alcohol this way:

> The only thing that made it bad was what I saw on the news in the Church. So here I am having all this fun and having sex with guys when I can, but saying to myself all of this was wrong. It is kind of like saying I enjoy shooting up coke [cocaine], but you know it is wrong.

Thornton recalled many people dying of HIV/AIDS in the 1980s, and he is surprised that he "never caught it [HIV] then." In his lifetime, he estimated having sex with more than 200 men. Faced with this history of promiscuity, Thornton explained that he constantly struggles to balance right and wrong, especially because his sexual attractions are "against God and against the Church… like a bad addiction. But I enjoyed it, even on an emotional level."

When asked to describe what life is like with HIV, Thornton replied:

> Like diabetes to someone who is diabetic. It is a lifestyle, part of your life. There is ongoing treatment… I tend to think through the 80s when the AIDS crisis first hit, when people were dropping like flies, and I remember that stigma. Images are still in my head… the diapers, the dementia, everything.

Given that unappealing vision of HIV, I was curious to understand why he would actively pursue the disease. He stated:

> I thought I was the only one that thought this. I thought I was fucked up. I really did. Until I saw your flier at Mazzoni [my primary recruitment center, a Philadelphia-based health care center for HIV/AIDS], I said, 'I can't believe this'. I thought that people wanted AIDS because they were suicidal, and they were just fucked up and needed to be on antidepressants for something like that. I did not think there was more of an underlying psychological thing. I don't want to commit suicide, but I was chasing it…. That's what got me coming into this study.

He recalled specific distinctions between safe sex and the intentional pursuit of HIV, saying:

> I can only speak for me… And for me, it was intentionally getting it. Because, like I said, I like latex. I really wouldn't bottom for a guy unless I knew him before, so he could fuck me bareback after we knew each other—after we are monogamous. But it is solely for the purpose for getting infected.

He offered specific details about when he believed he seroconverted to being HIV positive. It seemed important for Thornton to explain not only the details of his transmission, but also the rationale for it:

> I was in prison, and I hooked up with a Puerto Rican guy, and I knew he was HIV positive because when we went to the med line, I saw the meds he was getting. I think it was Epivir [lamivudine, a nucleoside reverse transcriptase inhibitor], some of them. I knew they were HIV meds. We ended up hooking up in prison, and I let him, you know. We would fuck each other both bareback. And at that point, I was very depressed. I was very unforgiving of myself. And I do not know why, but I wanted to contract it with him at that point. I did. I was alone with him in a cell, and it just felt like a bonding thing… Together in jail, what else is there is do except fuck? And they don't give condoms out the way they should in prison. There's actually a stigma for having them. Guys in prison don't mind you sucking and fucking each other bareback, but they actually will ridicule you for using condoms. It's crazy.

In part, Thornton now feels more at ease since being infected. He likened it to no longer having to walk around with a shield for protection. He denied ever being afraid of HIV and said, "For me, there was never paranoia… So, it is done. All over, and that is it."

Regarding why he has never told anyone of his intentional pursuit of HIV, Thornton stated, "I kept this to myself. It is a big secret. I thought I was fucked up. I thought they are going to 302 me." The *302* terminology means that, during a mental health crisis, a person is a danger to themselves and therefore unable to care for

themselves without the assistance of medical and psychiatric professionals. Thornton worried that his therapist might interpret his intentional HIV infection as an attempt to self-inflict serious bodily harm, which would result in an involuntary commitment for psychiatric inpatient treatment.

Today, Thornton is very involved in the Philadelphia gay community. He does a lot of volunteering at a gay-related addictions center, an AIDS organization, and several other service and advocacy groups. While he does not seem overly concerned about his physical health, he admitted that his mental health is more precarious, stating: "The depression is always there. It seems, at best, it is always going to be a low-grade depression. It is never going to be anything more than that."

When I asked Thornton what he never wants me to forget, he replied, "How important it was for me to come in here and open up to just you. I wouldn't want you to forget that you are the only person who knows." He chose the same word, "compassionate", to describe himself both before and after HIV.

Summary

Learning these life stories allowed an analysis of the individual deeper motives of men who intentionally sought HIV. These cases offer much more than mere decisions to assume a label, such as a *bug chaser*. Rather, and most obvious to me, is that for all of the men, a sense of belonging was inherent to being HIV positive, no matter what that status was called. The term *bug chaser* just happened to be a label applied to overcoming or outpacing the many external assaults that these gay men battled throughout their lives, such as addictions, for example. In addition, these men narrated the many failures that

they went through in an attempt to compromise. Were they to be labeled *bug chasers* because they imagined HIV as a solution for their many problems of being gay men?

Regardless of how they described their individual life journey, they all felt as though they have no choice other than becoming HIV positive. I have discovered that their wish to be HIV positive completely vanquishes their wish to remain HIV negative. In some cases, this wish arose as a solo idea, and in other cases the wish represented grouped beliefs among complete strangers. The depth to which these men will go undoubtedly speaks to much more than an individual account. At the same time, I have discovered to what extent these individual tendencies stood as grouped beliefs. Their individual attempt at compromise came to represent groups of self-preserving behaviors, if they were going to be successful at living the way they see most fitting. As such, groupings came to identify ways to describe commonalities among these men. It is now to those groupings, to across-cases analyses in Chapter 6 that this dissertation turns.

Chapter 6: Across-Case Analysis

Chapter 6 is a grouped analysis of individual narratives wherein the pursuit of HIV infection is the central action investigated. My effort was to understand how and why each man sought to become HIV infected. Commonalities in their stories emerged, producing seven life patterns, including:

1) Addictions (six men);
2) Connecting With an HIV-Positive Lover (five men);
3) Childhood Abuses (two men);
4) Secrets (two men);
5) Punishment for Wrongdoings (one man);
6) Wanting Connections (one man); and
7) Natural Progression for Gay Men (one man).

The across-case analyses are followed by composite narratives, generally representing the patterns of seeking HIV infection.

Addictions: Six Men

Part 1: Narrative Analysis

This section of narrative patterns will describe six participants' life stories explaining their struggle with addictions and its relationship to their pursuit of HIV infection. The discussion will present how each man arrived at seeking HIV as a remedy and how his addictions played into this trajectory. Addictions motivated 33.33% (6/18) of the study population to have sought HIV on purpose. All six of these men in this

group spoke about some degree of drug or alcohol abuse over varied periods of time. To illustrate more fully how addictions affected these participants' decisions to seek HIV infection, this section will include excerpts from their interviews to present both the common and differing behaviors of addictions.

Mablevi (Participant 11). Of the six men who spoke about overpowering addictions, Mablevi has been struggling with addictions for the longest time. Mablevi first remembers using drugs in 1979 at age 15 years. In recounting his younger years, Mablevi also spoke about many struggles in dealing with his homosexuality. He has lived with HIV longer than any other man in this group. Now, at age 48 years, Mablevi has battled addictions for 33 years, while living with HIV for 21 years. He remembers having sex with men since he was age 18 years, and he guesses that he has had at least 100 male partners in his lifetime. After 9 years of active gay male sex, Mablevi hated who he truly was. Mablevi constructs and makes meaning of nearly his entire adult life through addictions. Consequently, he has been in and out of various rehabilitation settings since his thirties.

When Mablevi was in the midst of his addictions, drug use "was more important" than anything else. Now his sobriety takes priority. About the profound level of drug use and sexual promiscuity, he remembers, "I did not see it as wrong." His addictions served as a point of departure for many of his subsequent years, including the secret truth of his real sexuality. Not only did Mablevi crave the high from drugs, but he also recounts that being high served as a tool to help him deal with the inner turmoil of a gay identity. For Mablevi, this turmoil is why he became addicted. He was struggling with acceptance of his sexual identity.

Regarding the first time he had sex with another man, Mablevi said, "I couldn't believe I did it." However, he repeatedly found himself having sex with other men, and then numbing himself or erasing the truth about that encounter with drugs. In 1982, little more than 30 years ago, he remembers immense societal pressures about the wrongness of gay male sex. This pressure was especially true because society was fiercely opposing gay male sexual freedoms at this time.

At about the same time, Mablevi remembers learning about HIV. Speaking about those years, he said that—even though he viewed HIV as a "death sentence"—because of drugs, "HIV did not matter." He also noted that drug use, "would lead me to do what I did in chasing something that would literally kill and beyond that." Just the same, he could temporarily escape; as he said, "I am down low… we talk about a double life … but I am gay." He became overwhelmed with so many issues, which he called "choices", including issues of his sexuality. If HIV were a gay man's disease, then was he a gay man? He even called being gay a "choice." With this line of thinking, he felt bombarded with too many conflicts, too many choices. One action that he could take to handle these stressors was pull himself mentally out from that loop of the "gay" HIV epidemic. Mablevi could not answer the question of whether he was gay, even though he was a man having sex with men. Conflict spawned deep and troubling doubt in his mind, especially about the hidden truth that he enjoyed male sex.

Mablevi also rationalized that, if he was not actually gay, he could ignore the messages about HIV from the news and health centers across America. He said, "They only believed that gay people will get this disease" and "I wasn't into that lifestyle. Back then... I didn't never think [sic] that this would happen to me." According to Mablevi,

getting HIV "was worth it." In fact, getting high energized Mablevi and enhanced his degree of brazenness. When he was high, he was able to mentally reorganize his many conflicts, especially those regarding sex. When he was high, he aimed for the best men to become his sexual partners and the best men with whom he could share a drug-induced high. Mablevi described his thinking like this: "Cream-of-the-crop choice, but you would have sex with him with a hope of getting it."

Mablevi's addictions allowed him to avoid thinking about any of the problems of the "gay disease." Today Mablevi works at lifestyle changes and recovery. He accepts his gay identity and hopes to transform his previous beliefs about his personal identity into a new way of living. He accepts responsibility for both his addictions and his HIV status. He used to be curious about HIV, noting, "I just wanted to see" and "I was curious as to see what it will do to me." To "partake of it" helped Mablevi to understand HIV. He was never afraid of HIV especially when getting high "was all that mattered." Mablevi is now only afraid of a drug relapse. He perceives managing addictions to be more complicated than managing HIV.

Hervey (Participant 13). Hervey gave up on life at age 30 years, and he wanted to die by the time he was age 40. Many mental health issues, including sadness, intense feelings of not fitting in, and a wish that he could die, layered his depression. Hervey had no good memories of his younger years, noting only that, "I stay always alone, all my life." He is very clear that his decision to seek HIV was not necessarily impulsive at the time, but was instead a product of all the years of difficulty he had experienced since adolescence. He frames his current life around the years 1998 to 1999 when he sought HIV infection, and he repeatedly references this period as "at the time." Hervey had

already been experimenting with various drugs for nearly 10 years. Drug use and addictions preceded his suicidal ideation in 1998 and played a significant role in his mental welfare. Recalling his sexual debut at age 14 years, Hervey said that he accepted his gay identity from the start. He had always protected himself sexually until 1998 to 1999. After that, he would "bareback on purpose" because he knew that a person increased the chances of HIV infection through unsafe sex. Hervey seroconverted within 2 years.

Hervey said, "By the time I was on drugs, it was a low point in my life, I felt low, I had given up on life, really given up on life." Now at age 40 years, he "wanted to die." He thought in general, "People were dying quickly" because of HIV, and he wanted to die too. He was "sick and tired of being sick and tired." He speaks of "giving up" because he "never fit in." He admittedly wanted to die when he could not overcome his addiction. Hervey also felt disenchanted about his own children, his grandchildren, and most other people. No one knows that Hervey sought HIV on purpose. They only know that he is gay, has been living with HIV since 2000, and has historically struggled with drugs.

Drugs fueled Hervey's "wild path" but they also fueled a level of mental exhaustion that he could not stand any longer. He remembers at that time, it was "more about getting high, but sex is playing a part in the game of that." He created two different worlds: one with drugs and one without drugs. He remembers, "Something is going on in your life that you are feeling like that. I know what I mean, because I was there." Hervey recounted a global loss of pleasure, and remembered that he was "tired." Drugs filled "a loophole" in his life. He described taking advantage of the HIV crises by

recalling that people were dying rapidly then. For Hervey, sexual promiscuity layered drug-addictive behaviors and vice-versa. In this context, Hervey tiptoed on sexual bartering in exchange for drugs. His experience was commonly an exchange, which he described as, "things for things." He noted, "Sex for drugs, and drugs for sex" and "If it meant having a little sex to pay for the drugs, you know, too bad!"

Amid the chaos Hervey remembers, "drugs, going back and forth to jail, lingering on the streets; nothing was going right!" Hervey described a level of mental exhaustion fueled by drug use that was cyclical between periods of abstaining and periods of binging. By Hervey's account, life could not have gotten much worse.

Hervey made a decision at that time, specifically to give in to the pressure of his addictions by taking advantage of the epidemic of HIV. The indifference he felt because of addictions continually threatened and even weakened him. Addictions coexisted with societal panic about HIV and gay men. Unfortunately, this idea exacerbated how he imagined others around him were unwilling to help. He said, "A lot of people died with HIV at that time", so HIV "was an easy way out." He believed that people "really did not care."

Nevertheless, Hervey now rationalizes that, only after getting HIV on purpose, can he imagine a sense of winning and overcoming. At the same time, he imagines a benefit to having HIV: "You know, it took me to get HIV. I am glad I have it because it took HIV actually for me to get it together. That is the only way you go to a war." His biggest secret is not so much about his addictions, but rather about his HIV and that, "I did it on purpose." He said also that he knows it is impossible to ever tell anyone else

what he did, saying, "'You are crazy as a motherfucker'—that would be the expected response." Today, Hervey still feels "pretty alone" but notes, "I passed that for hope, I passed that for age because I am not going to die." From a sober perspective, his life seems less chaotic. Hervey said, "Once you get infected, you will be at peace! Now, he is excited to also share, "I got nine years clean."

Jeremy (Participant 8). Jeremy told his story of wanting to escape many problems in his life, as early as 2000. To his best recall, addictions really took footing at this point in his life when he was in his early thirties. His life history began with problems of childhood sexual abuse beginning at age 4 years. Later, dysfunctional grieving as an adult worsened his mental health issues. He was introduced to drugs before he was age 10 years.

In 2000, 12 years before the time of the interview, Jeremy was "on a suicide mission." He was confused, and "I think I was taking actions to get HIV, not knowing that I was doing it." He had poor coping skills. He had little self-worth. He had a mental health diagnosis that linked poor choices and poor coping. He "knew about the bug" but noted that he "didn't care." The cycle was ongoing between drug use, promiscuous unprotected sex, and underground Internet bareback parties. As the drugs "took over" Jeremy changed from being "shy" and "very low key." He became a different person as he described, "I borne out another person." He relied on the bravery conferred by drugs and the euphoria.

Jeremy detailed important memories of why he got high; for example, drugs "made me feel like a new person, different person... it just has boosted my sexual

horizon." Consequently, he recalled that he had no discretion when he was high while going to bathhouses and to sex theaters. The use of crystal methamphetamine always led to some kind of sexual encounter. Jeremy said candidly that, without the influences of drugs, he would have never partaken in unprotected, one-on-one, or group sex: "Yes, never, if it was not for the drug… They go both nearly together." Specifically, he recalled "crystal methamphetamine parties", "very unsafe underground sex", and even "movie theater sex", somehow each connecting to times when drugs made him feel wanted. He recalled that his last experience of bathhouse sex was approximately 12 years ago (in 2000). He was diagnosed HIV positive no more than 1 year after that.

At times, Jeremy felt abandoned and described how badly he felt about himself when he was not high. He imagined the opinion of others as influential, for example, "Because, they would think, 'you scumbag'." He remembers a psychological breakdown, an inpatient psychiatric stay for 6 months at one point in his life; however, he relapsed into the world of drugs after this treatment.

Jeremy also remembers that, when his life was at its absolute worst, he took full advantage of any attention he could get when he was high. When he was high, he always felt beautiful, he always felt wanted, and he was confident he could experience touch and passion. He told that early in his life, "It would be because I started using needles with crystal methamphetamine… and like unprotected sex, orgies, that I felt good about myself." Self-realization of pursuing "barebacking parties" and HIV infection was when he knew he wanted to die. Learning of his HIV diagnosis was not a surprise. He was just annoyed that he could not die, too. He had seen many men die with whom he had shared drugs and sex. In jest, he told me that he could not even "do suicide right." His goal was

to hasten his death; in fact, he consciously remembers, "It does not matter how I was; if I got a second strain, I did not care; I did not care about giving it to anybody—that is how I felt."

With sadness, Jeremy spoke, "Because I was so hurting about what happened to my family. I got to be with them anyway, so I am going to die." When he was getting high, his addiction was constantly thwarting his efforts to change, leading him back to the same people and places, always creating insurmountable obstacles, which demoralized him completely. This cyclic experience was the worst that could happen to him. Today, Jeremy believes that, "I am not a bad person—it was just something that I was going through. It is all right now, and I do not think that way now."

Dennison (Participant 2). Dennison has been living with HIV for 5 years. His addictive life, however, dates back to his young adulthood. He turned age 50 in 2012. As long as he can recall, he has walked a tightrope in dealing with his self-identity. He started experimenting with drugs soon after moving out on his own at approximately age 18, circa 1980; drug abuse would last until he was age 31. He describes that much of his drug addiction accelerated in his early twenties when he recalls his early barhopping experiences. He placed a frame around one bar in particular, where he recalls that his life of addictions, his sexual promiscuity, and his new career in prostitution gained momentum. As he describes, "A lot of flowering around, a lot of drugs, and that was where I guess you could say I had my first man."

Dennison deflects blame toward his parents for many of his behaviors, even for his drug use. He describes these years of challenges as a "blur." By 1992, the worst of

the HIV epidemic happened all around Dennison. He claims he was "oblivious" to the rest of the world at this time. Dennison's radar never noticed the culture of crisis about HIV that the rest of the gay world was experiencing. While trying to fit in, he found himself only concentrating on a happy-go-lucky, carefree, dance-party milieu of gay men.

Dennison described only feeling positive reinforcement about his identity when he was high. The cyclic relationship was that his drug addictions linked to his desire to fit-in and his desire to fit-in led to his addictions. To orient me to his addictions, he describes that the time, "back in my party days when I was cranking my ass off" was when he felt "connected." Dennison also recalled other addictive behaviors that preceded his drug use, saying that is when, "I started my overeating binge because I would take my stress, and I guess you could say, I took my anxieties out on food."

Dennison denied having the necessary skills to navigate the risk of HIV infection when he was high. He described being completely unaware of making serious decisions about avoiding HIV. He cared little about safe sex. Rather, he remembers his own "carelessness" as well as the "drug use" and the "unsafe sex", in addition to the near-constant scrutiny by his gay peers about his own level of masculinity. He remembers his addictions in the 1980s and 1990s, but now admits that, because he "was stoned", the "whole world was happening around me and I missed it." Dennison believes that his HIV infection happened at that time, but that he never physically appeared ill until 2007. It is medically possible to be HIV positive for more than 15 years and not know it.

Much of what Dennison credits to his addictions linked to trying to fit in. He rationalizes about why he resorted to drugs, "Gay society is just so demanding, so

superficial, you know" and "I guess you could say the gay standards of the lifestyle." Dennison's views of getting HIV on purpose dovetail with his drug addiction and simply not caring. He describes a dangerous polarizing dynamic of being either isolated and alienated or fitting in. He chose fitting in, even if it meant drugs then HIV. He began his storytelling of addictions with, "I just did not care about anything… I went crazy and experienced everything I could… we are talking about orgies and group sex. Because of drugs, group sex had quite a stronghold on him. He rationalized that at least he felt connected. Dennison further described those years of challenges as, "a mix between drugs and just a lot of different things."

Somehow, Dennison remained untouched by the panic in the gay male community about HIV, claiming, "Even back then, like when I did all that, I did not even hear about HIV at that point." Not until 10 years passed, despite the well-publicized panic in the gay community about HIV, does Dennison recall awareness. For Dennison, it would take knowing someone who died of HIV complications, to become aware. Dennison is confident that, had it not been for that friend dying, he would have remained "naïve" for many more years.

Most of Dennison's young adulthood centered on his addictions. He noted that he had sex with at least 1000 men, and he never cared. He went on to make dramatic changes in his sexual practices only after he successfully tackled his addictions. He said, "I woke up, smelled the coffee, and then got boring with my life. It would last at least 20 years." He pondered whether he really "tried" to get HIV, but he is sure he mentally escaped the gay HIV crises by being high. He is somewhat indecisive about how his infection happened. He is ambivalent to say he "really' sought "HIV on purpose"; rather

he suggests that his HIV infection was possibly an unintentional, yet anticipated, part of the territory. He blames drugs for his inability to protect himself from HIV. He also said that, if it were not for drugs, he could not have positioned himself as part of some community. As Dennison described that, he wanted so to belong, thus, by default, he would eventually say, "I guess I did it."

Barnardo (Participant 10). At age 48 years, Barnardo has been living with HIV for only 4 years at the time of this study (in 2012). He spoke about an extraordinary number of complicated feelings about growing up, especially when drug use took control of his life. He said blatantly, "Nothing really was ever important to me. What was important to me was to get high" and getting high was his "primary goal." He wanted to fit in, which exposed him to marijuana when he was age 16. He generalized, "All you want to do is run the streets and get high." His life of addictions predated his sexual debut, which occurred when he was age 18. To fit in and have friends was easy if he was "high"; he said, "Anyone I got high with was a friend."

He spoke candidly about his familiar history of addictions too, noting that his father "was an IV user" and that his mother was "a functional alcoholic." He suggested that the only life he ever knew was one influenced by drugs and alcohol; to him, it was a natural progression in life. Consequently, because of being high, he was able to remain untouched by the horror of HIV. Because of being high, he has no recall of an actual state-of-emergency about gay men and HIV. Critical to this point is also Barnardo's self-description of years of hiding his true sexual identity from public view. His gay identity is more of a secret than his addictions.

Barnardo spoke much about the times when he was unwilling to sacrifice getting high, and consequently he was indifferent to HIV-prevention messages. Barnardo recounted, "'Things for things' that is what we call it in addictions world, things for things." He holds his emotions closely, and his personal view is that he "never really accomplished anything." Reminiscing about his younger years, he said, "It is kind of hard to bounce back from that, I mean, it has been 20 something years… in and out of recovery." He also shared, "Because of the fact that I isolate, I end up going backwards instead of going forward in a program. And that's what takes me out to the streets."

As Barnardo grew out of his adolescent years, his addiction grew heavier, leading to sexual promiscuity. He said, "I just went crazy"; he could not calculate how many men he experienced sexually and how many times he was high. He remembers being so mentally fatigued that he gave up. Suicide was the answer to stop the cycle of both of his addictions. Getting HIV was the answer, and "no one would know." To him, his desire to die and using HIV as a suicidal weapon was logical. He was explicit that he made a conscious decision at one point in his life, reasoning that he might as well die since he could not overcome his addictions. He then imagined the "best of both worlds"—feeding his sexual appetite as well as his drug appetite, but ultimately ending his struggles by dying. In the meantime, he would enjoy himself immensely. HIV was the simple answer. He tries to summarize those memories, "You know, I go very deep, you know. Then decide and just jump!"

Because of addictions, Barnardo said he lost any sense of discretion, sexual or otherwise, describing, "Gay men, just dealing with gay men, unprotected like me." He spoke about many binges and entire weekends spent smoking crack. The memories are

vivid. One pivotal memory for him was about sharing sex and drugs with a soldier. He was "mesmerized" with this soldier and, because of the drugs; he was even more infatuated with him. It did not matter that the soldier was HIV positive; what mattered was the drugs. Barnardo would have sex with him anyway.

Eventually he recalled that he did not want to live any more. He claimed he was "done." The idea of getting HIV "was so that I just get this over with—I have been dealing with addiction for so long." Failed drug treatment programs and failed periods of sexual abstinence were common. Barnardo wondered if drug abstinence and safe sex were possible, "I was getting high—I was still having unprotected sex. Out there tricking for money and stuff like that. Use our body, have sex, and get money and get high, like a cycle!"

To Barnardo, it is important that I undoubtedly know that, for him, "HIV was my suicide pact" and, because of that pact, "health did not matter" since he imagined his demise. This approach was his means of self-determination. He organized his addictions, both sexual and drugs use, through that realization. He emphasized repeatedly,

> Yeah, definitely, HIV was suicide. …You know, I really did not want to live no more [sic]… it was, okay, I am done now. It wasn't about the disease at the time; it was about my decision to kill myself.

Barnardo had hit the bottom. He surrendered to the people, to the places, and to the drugs that overcame him. From the start, he lacked the resilience to overcome his addiction, but he has since restarted his life, even though it means now having HIV.

Thornton (Participant 18). The last man in this group of six is also the youngest of the group. He has also been living with HIV for the shortest span of time. Thornton only learned of his confirmed HIV diagnosis 1 year ago (in 2011). He believes that his infection was from one man in particular during a recent prison incarceration. However, Thornton has a 20-year history of addictions dating back to high school. He is now age 42 years.

For Thornton, the constraints of his sexuality and the conflicted messages from Catholic high school about homosexuality might have set the foundation for his years of addictions. He described the foundation of these challenges as, "I am angry and disappointed that still to this day, I did everything that I could to change my sexual identification, and I tried." Today he is still troubled with his past. He describes himself as having, "Just little bit of self-hatred, angry with God." According to Thornton, his challenges came among religious conflicts about his homosexuality, family, and relationship issues, and fitting in to the gay community. He also struggles with why he could not accept his family's support of his gay identity. All of these conflicts led to the escape with drugs.

Going back in time to detail his drug history alongside his alcohol addiction, Thornton noted, "Drinking more every day, all day, and finally that just came to a head, I was out of control." He remembered putting himself in harm's way, yet caring less about himself if he was high. For example, he had no fear for his safety. He desired to fit in to some group, any group, even if that meant risks. He remembers anonymous sexual encounters with complete strangers in parks at nighttime. He described his fearlessness like this,

> It was very unsafe, but it was very cruisy [sic]. The AIDS epidemic had hit, there was paranoia and stigma going on. But, I used to meet guys there for hardcore sex. I was pretty much anonymous, meeting guys in the woods type of sex.

Alternatively, his addiction to drugs perpetuated his addiction to sex.

As the years moved forward, Thornton would also become more reliant on drugs for enhanced sexual performance. He said drugs enhanced his sexual adventures, and he estimates more than 200 partners in his lifetime. When using drugs or alcohol, or a combination of both, he had a lot of sex. Calling them "tricks", he spent hours "cruising" the bars with the sole intention of meeting men for sex. He found a circle of men whom he knew would "party", and who wanted anonymous, unsafe, non-committal sexual encounters. He described, that while drugs or alcohol derailed some men's bravado, he found the opposite to be true for him. He said, "With drugs and alcohol… I do better with it."

In addition, no matter how hard he tried, he could never keep his commitment of a monogamous relationship; this challenge was especially true when his depression was not controlled. He blatantly credits his failed relationships to his addiction. He secretly used drugs, a behavior to which his partner was "oblivious." However, for Thornton, being high and having sex elevated his enthusiasm, and he imagined that drugs were necessary to keep the relationships alive. He expresses guilt about being gay and having had many sexual encounters outside his relationships, yet escaping an HIV diagnosis until just 1 year ago. He frequently mentioned, "You know—guilt over not getting it after all these

times." He battles back-and-forth in his head, wondering why he did not seroconvert sooner in his life especially due to his sexual promiscuity.

As life became more complicated he told, "Because of my addiction, I ended up in jail." This experience was important to Thornton as he aligned that time with his conscious decision to seek out a specific partner and to seek HIV. About seeking HIV then, he said, "and if I were not in prison, I probably still would have done it." He was determined to get HIV from one man in particular. He knew the man was HIV positive, and Thornton seduced him regularly by his own account, saying, "Well, it was very initially to get HIV. Then I sort of I liked him." He felt protected by this man. He frequently had unprotected sex with him, frequently got high with him, and when HIV occurred, Thornton said, " I was expecting it" and "I felt it is done. That is it. Now, the only obstacle is treatment." He concluded about his time with this partner as, "I was very unforgiving of myself and I do not know why [I chose this partner], why I wanted to contract with HIV at that point. But I did, I was there with him. I was alone with him in a cell, and it just felt like a bonding thing." Thornton repeats, "It felt like well I got it, finally to say I can get it off my chest." However, Thornton described his sense of accomplishment once he was infected as, "all over and that is it."

Thornton denied any regrets for his HIV. As long as his HIV does not cause him to end up in diapers, as he says, he will not worry. Guilt drives much of his thinking; again, he stresses, "Nowadays, I deserve this if anybody does, not just a 19-year-old kid." He also believes he is in control of his addiction, "My sobriety—everything is right." However, candidly he also admits, he takes it "one day at a time."

Part 2: Composite Narrative

At the heart of their stories are perceptions that gay thoughts and gay sex are immoral, reproachable by God and society. This perception starts in early childhood and then waxes and wanes, but remains a lifetime battle. Regardless of when or where this heavy burden presents, any substance use such as alcohol or drugs made being gay acceptable. No matter who was looking—God, friend, family, or foe—being high diminished the enormous destructive nature of poor self-opinion and the conflicts of homosexuality. They cannot reconcile "Who I am." The euphoria provided by drugs and or alcohol sometimes answered this question. Being high ultimately leads to self-loathing and secreting of gay identity from themselves and from their family and community. When getting high, they feel like they fit in—that they belong. Their moral misgivings about being gay fade when they are high. They feel beautiful. They feel embraced by the gay community

With drug use, these men become persons who are outgoing and guiltless. They can enjoy sex and feel wild and free. Sex becomes an obsession. Good sex and bad sex begin to blur. Over time, sex and drug use become conflated. Inhibitions are gone, unsafe sex is most desirable. They are far from the HIV-prevention messages because they do not really belong to the gay community and they do not consciously own a gay identity. Eventually the addiction starts to take over. Their lives eventually become unbearable.

Eventually they pursue HIV. Some were clear that they sought death from HIV, which was right in front of them and seemed the fitting route. They wanted to give in

entirely, “jump the whole way” to a quick and vicious death by AIDS. Others fixated on the inevitability of HIV as the endpoint of addiction, and they pulled this inevitability close to themselves—thinking, “So, of course, I get HIV because I did not care.” Still others reasoned that HIV infection and death are just dues for "what I have done" and for “the life I have lived.”

Connecting With an HIV-Positive Lover: Five Men

Part 1: Narrative Analysis

Five men in this study talked about seeking HIV infection on purpose to enhance their connection with their HIV-positive lovers. They expressed why HIV discordance complicated their relationships. Among these five men, the underlying theme for all was that none wanted to be different from their lover. They had to be HIV positive as well.

Jedrek (Participant 7). Jedrek’s infection happened in 1984, only 3 years after the first medical announcement about HIV on June 5, 1981 (Gottlieb, 1981). Stepping back 28 years, Jedrek believes his HIV infection came from Peter, a man whom he met in 1982. At that time, the gay male community was transfixed by the HIV epidemic. Peter was already sick with HIV/AIDS, and Jedrek remembers this time as if it were yesterday—he was then age 22 years. Jedrek shared, that on May 29, 2012, “I will be 29 years positive… I have never been sick of anything.”

Jedrek begins his story by telling, “…I think I was so lonely and enjoyed the company that I just went along with it for the ride.” He described moments of optimism remembering how it felt to “finally,” feel like he was in love and connected. Jedrek said that Peter was “the very first lover I actually had.” Jedrek loves to tell about being in

love with Peter. Fighting back tears, Jedrek tells how he and Peter were together for 2 years before Peter died. Since then, Jedrek has had two other lovers. He said, "They don't compare to Peter. ...I have always looked for some of Peter's qualities in them, but never really found it."

In the early 1980s, it was undeniable that Peter was ill. By Jedrek's account, "Peter would go away and then stay for like two weeks, three weeks, just getting worse, getting thin." Yet, sexual activity did occur between both men. Jedrek was stuck in the powerful transformation of loving a man who coincidently happened to be sick. Love came first. Somewhere between safe and unsafe sex, and being connected or not being connected, lies a useful understanding of the way Jedrek's relationship manifested with Peter. The only resolution Jedrek could imagine for promoting the ideal love affair was ignoring the fatality of HIV. Jedrek had many opportunities to question why Peter was ill, especially given the concurrent societal worries and HIV crisis that was unfolding: "I think back then people were little bit afraid in the beginning, but I think they were still trying to not really care too much about getting it or not."

Jedrek recalls their lovemaking, "For a while, we stopped, because he said you know, he was really, really sick. A lot of times, I would just sit there and hug him." Meanwhile, Peter never candidly volunteered anything about his illness, so they had never explicitly discussed Peter's HIV virus. Jedrek recalled ambivalence in grappling with love in the context of a hazardous virus. He was only trying to construct his life that at times seemed to emerge from illness versus love. Nevertheless, he would do anything to remain connected to Peter. Jedrek was fully aware of the HIV epidemic.

More than 25 years have passed since Peter died, and an important feeling that Jedrek can express, among the tears, is, "I miss him that much." To focus on Jedrek's experience at this time, I asked, "If you could go back to 1984, right now, what do you think that would be like for you?" Without hesitation, Jedrek said, "Knowing now what I know, I would still feel the same way." Nothing mattered more than connecting with Peter, and Jedrek's love for Peter, not even HIV. Jedrek said also, "Yeah, I loved him that much." Peter was all that mattered; HIV was "not a big deal." Repeatedly Jedrek said about HIV, "That was not a big deal to me."

Even if Peter had told him emphatically that he had HIV, Jedrek said, "It would never matter." He also expressed feeling quite sure, "I don't think it would matter to him" either. Jedrek is so convinced that HIV did not matter, that if he and Peter swapped roles, the outcomes would have been the same. He candidly said so: "Peter would have done the same thing." What Jedrek thought in 1984 remains the same: "I met Peter and I was just going for hope. Anything and everything I did, was all around Peter and then, you know, he started getting sick and that was it." By the time Jedrek knew of his own HIV infection, Peter has already passed away. Jedrek makes the leap to imagining, he would soon die too; he and Peter "would be together again." Jedrek imagines they would be connected again—Jedrek notes that he "really thought so." Today, Jedrek has no regrets about HIV, he just wishes that he and Peter were together.

Raz (Participant 17). To understand Raz means stepping back 20 years to 1992. By the time Raz became HIV positive in 1992, the scientific community had finally settled on the name *HIV*, the provision of medical treatment was launched, and more than 10 million people worldwide were estimated to have been infected with HIV. Amid this

turmoil, men such as Raz still sought ways to connect with their lovers. The following synopsis is from Raz's words describing his HIV-seeking journey and the way he wanted to connect to his lover.

When Raz first met his lover, a man whose name Raz never shares, Raz knew by all accounts that his lover was HIV positive. Raz felt forced into isolation because of HIV discordance. He states candidly, about his partner, "I wanted him." He retold stories of his partner trying to protect Raz by insisting on only safe sex. However, Raz, was equally determined to prevent any obstacle to full connectedness. More important, Raz viewed his partner's methods of protection as "limitations."

Ironically, Raz said, "HIV means to me—a person is put into a state…" About his own HIV today Raz says, "I feel ostracized, I feel apart, and I feel excluded, separated." Yet Raz also remembers feeling that same way when his lover was alive. Raz describes, "HIV wasn't gonna [sic] stand in the way because I wanted everything." Raz recounts his story of seeking his lover's HIV without ambivalence. Raz even recalls escorting his lover to his appointment with the physician when Raz would not heed the physician's warnings to protect himself. He reports, with a level of sarcasm, that he and his lover "would just shake our heads."

Comparing 1992 to now, Raz believes indeed he, "was scared, and personally I thought it was separateness." Condoms served as barriers. Moreover, Raz was explicit saying, "there was nothing that I would not do for him." And, "we started having sex, and sex at that point, because I wanted to feel his semen. I wanted to… I do not want to

wear condoms for him and I got infected say within a year's time, less than a year actually. Yeah, and it just made me want him more, I think."

Raz was cavalier in accepting his own HIV diagnosis because to Raz, he had won. He describes the satisfaction of finally connecting with his lover since he was no longer discordant. Only after his own viral infection was he fully connected. Raz's words illustrate a profound determination, "when they told me, I didn't really feel sad, it felt like… well okay, we [are] together now." Getting his lover's HIV was to Raz, "such a strong symbol." Raz also said getting his lover's HIV was, "The ultimate way of proving my love for him."

Raz goes on to tell about his lover's views. He remembers his lover feeling guilty; in fact, Raz stated, "He felt a lot of guilt." However, ironically, Raz laughs and mocks his lover when he recounted his lover's guilt. Raz said, "But I think my commitment to him, and showing love—regardless" was reason enough to seal the relationship. Additionally, Raz remembered, that his lover, too, expressed happiness about the two of them being in love. They both walked the fine line between the right and wrong way of demonstrating that Raz wholeheartedly loved his lover. Raz said candidly, clarifying that the lover was not happy that Raz was now HIV positive, "But he was happy that I loved him."

Only now, at the time of the study in 2012, does Raz wonder if there might have been any other way to prove his love. Was there not any other way to feel sexually and emotionally complete, without exchanging an infection? The only real regret for Raz now is that his lover passed away and left him alone. Even still, Raz stands by his

method of connecting and proving his love. By overcoming the HIV discordance, and intentionally seeking his lover's HIV infection, the connection was complete. Raz believes that he showed the "ultimate" way to prove he loved his lover. Now, Raz fantasizes about reuniting with his lover, whenever that day may be: "The whole HIV that is within me has to die. I have to die, and it has to die, and me. Without him along, I am lost. He is gone, and so it don't [sic] feel like it is a good deal." Today Raz frequently fantasizes about the time when they will reconnect—Raz is certain it will happen.

Janus (Participant 3). Janus converted to HIV-positive status in 1998. By this point in time, 17 years into the HIV epidemic, many changes in the field were happening. The benefits of antiretroviral therapy were taking a different turn, and the medical field was discovering completely different problems with HIV, such as fat redistribution. Men sick with HIV and on medications now start noticing not death and dying, but side effects of medications such as body habitus changes—HIV now has *a look*. The medical field now offered more than 10 antiretroviral drugs. More than 13 million people had died from AIDS complications.

Janus sought HIV on purpose so that he could connect to his lover Angelo. Janus said with confidence, "Because I loved him"—this reason is simple enough. Janus was so passionate about connecting to "his Angelo", that there was no way that he knew to profess his love, other than to accept his Angelo's HIV. Janus said, "He had something that I wanted, and he had something that I did not have and that sort of kept us apart…" Janus also said that he was "honored" to have his Angelo's virus such that he was now connected to Angelo in a way that no one else could ever be. Janus speaks most often

about Angelo as "his." I believe Janus's use of the words *his Angelo* is not meant with an ownership undertone, but rather a way to not confuse his lover from all the other Angelos of the world. More important was that I know Janus's HIV came from "his" Angelo, and not just haphazardly any other.

Janus relived the time when they first met, and the honeymoon phase of their relationship. Taking on Angelo's HIV virus, according to Janus, "was a no brainer." About HIV, Janus said, "I thought about it for a few months and I did not have any sex at all, and we would just remain mostly play kind of relationship. Then I said what the hell. I don't think I am going to die, the technology is here, and this is 1998."

From that point on, Janus did nothing to protect himself from HIV; he sternly referred to it as doing "*nada*" [sic]; and the feelings of doing nothing to prevent HIV transmission "were wonderful." Janus also said, "I would do it all over again." According to Janus, circumventing Angelo's virus created emotional barriers, "With protected sex, it is a different sensation—you can feel that there is something in between the relationship." As they delved deeper into their relationship, he recalls an entire year when he specifically sought HIV and verbalized a happy anticipation of becoming HIV positive himself. His eyes light up in recounting this, and, chuckling, he said, "And I would go to my doctor for tests. Is it there yet, is it there yet?" He was so determined to be the same, to prove his devotion and love to Angelo, getting HIV was like a relationship milestone. Janus would romanticize everything about his HIV pursuit. He told, "Altogether there was a common denominator. We were on the same page." He also described, "If there was an equation—complete." Repeatedly, he said, "I was waiting for a positive result."

A smile came to his face when he told aloud his thinking about Angelo's HIV and the impact on their relationship. The way Janus recounts his intentional infection is with surety; it was as simple as saying, "Yes I really did." At that time, in wonderment, I asked that he consider whether his hopes and dreams about getting Angelo's virus had been fulfilled, and he said unhesitatingly, "At that time—Yes!"

Janus also remembers speaking to Angelo about his decision to take on Angelo's HIV infection. Dinner conversations were vivid memories, noting, "The closeness we had, we can actually talk at the dinner table about it, and we used to have conversations about it." Specifically Janus said he remembers saying to Angelo, "It is wonderful that I got infected with you." He also remembers Angelo saying very little, in reply only "he sort of smiled." A recall of Angelo's smile serves as a vivid memory worth noting. Janus told about Angelo, that he "would smile until he died"

Janus daydreams about days gone by, "I loved Angelo and I miss him a lot. I still think about him." He also clearly recalls the pain of losing Angelo, yet believing he made the ultimate commitment, that he loved Angelo. They were connected; and they now have a timeless connection. He sought Angelo's HIV infection without regrets. Janus said he would do it all over again. Unfortunately, "I just lost him; I lost him, disappeared in the sheets." Today, Janus looks forward to living a full life. HIV is a mere part of it. He describes moving on like this: "You start evolving as a person and you get inside—into yourself—and the things you define, and things you achieved, changes things, with interest in living." Janus compared getting Angelo's HIV to his experience of becoming homeless. Janus said he, "expected HIV", but that homelessness

was more shocking, "more challenging." The difference was he never set out to become homeless.

Sennett/Avera (Participant 12). The focus now turns to Sennett, who at times during the interviews also referred to his different persona, named *Avera* (a pseudonym). By Sennett's account, the year 2000 is when he believes he seroconverted and had Junior's virus. Junior was his "soul mate." Sennett briskly said getting HIV was "for Junior and Junior only." Sennett found himself in a discordant relationship with Junior in 1999. For him, HIV stood in the way of true love. Until HIV was out of the way, Sennett feared not being wholeheartedly connected. Sennett and Junior were already in love for more than 1 year by the time Sennett imagined it was time to prove his love without question. Sennett said he sought HIV "for somebody I wanted to prove I was in love with."

Sennett is now age 32 years, and he has been sexually active with other men since he was age 17 years. His sexual debut happened in 1995. Sennett is adamant that he was HIV negative when he met Junior. Sennett would romanticize telling about him and Junior. He turned to mythology to emphasize the appeal of their romance. He called Junior, a "Greek God," whom Sennett "would not let go." He said that getting Junior's virus "was worth it to me—we were the God and Goddess."

Sennett tells the story of overcoming many barriers, including an accurate understanding of what HIV actually was. Somehow, in the year 2000, Sennett escaped knowing much about HIV. He candidly said, "I did not know anything about the virus. I have heard of it." He alludes to a level of illiteracy about HIV or naivety. Regardless,

the virus would come to mean discordance in his relationship. Sennett recalls one day early in their relationship when Junior said to him, "Sennett, you know I have the virus." Sennett then proclaimed, "I did not think it would be in my front door, I did not think it would be in my bed and openly saying I have the virus." Sennett said that once Junior explicitly told him he had HIV, "it started a snowball effect." Sennett would explicitly tell Junior what to do sexually to ensure viral transmission. Sennett pleaded in a way, remarking that he would "do anything and everything" to stay connected with Junior. Sennett felt he was "obligated" to accept Junior's virus, it was his "duty." He could not meet his obligations if barriers were present. Only 1 year would go by when everything changed.

Sennett recalls one day in particular when he and Junior sat together after Sennett's own hospitalization. He remembers talking explicitly with Junior about his own seroconversion, and they discussed, "Well, I am sick now." He remembers Junior becoming somber. He also remembers, "We cried together", surrendering to HIV and remembering, "We will just deal with it and this is what we decided to do."

Sennett imagines that, despite the medical aspect of HIV illness, he sealed his relationship. His love for Junior was so profound that he knew no other way to say so. He successfully "proved" to Junior that they were connected, and that he loved Junior. Sennett loved Junior as no one else ever would. Now, in Sennett's mind, since having Junior's virus, they would remain connected forever, no matter what.

Sennett said, "The third year, we were together in March 2002, I got really sick." He then chronicled more changes. Sennett said, "Junior was still coming home, Junior

was still there, and until one day Junior up and left. Unexpected." They were together from 1999 until 2004. When Sennett was most ill, he remembered, not wanting to comply with the medical regimen, just as Junior had decided. Neither man would comply. In sharing about the medical aspect of managing HIV, his words described ambivalence about overcoming the lethal nature of HIV. Sennett said, "Even after I was diagnosed with PCP pneumonia—on my deathbed for three months—no, if my baby did not take it, I do not need it. We are strong." He aligned illness with romance like this, "The first time was the pneumonia. I had perfect sight. I was happy, gay, in love, infected on purpose."

Sennett eventually spoke of overcoming many odds. Junior was gone. His HIV is stable, despite blindness from retinitis. His connection, of which he has no regrets, is a lifetime of HIV. The influences that Junior had on Sennett in 1999 remain very strong, even now. Sennett said, "Over the years of being sick and even though my family still calls me a dumb ass for chasing after Junior and getting his disease—bygones be bygones!" In his view, connection through HIV positivity was so powerful, and to him, so significant, that finally, with the infection, he proved to Junior: I love you.

Delbert (Participant 6). Delbert wants a connection to his lover. Delbert intends to demonstrate through HIV transmission, the length to which he will go in accomplishing how dire his connection needs to be. At the age of 33 years, as a man who is not HIV infected, HIV/AIDS is always what he has known about being gay and about having gay sex. HIV has been here since Delbert started having sex at the age of 17 years, in 1995. Delbert was only age 2 years when the first announcements about HIV were made. A world with HIV is the only world he has ever known. Delbert is too

young to have experienced the HIV crisis in 1981. He is aware of the need for safe sex, yet he verbalized some inconsistency in how he manages that awareness. He said, "I wear condoms on and off." Yet, unsafe sex "was normal sex." At the same time, he verbalized clarity in his knowledge of how HIV might be transmitted; he said, "It probably changes [via] fluid, like some blood, semen, vaginal fluid, and breast milk." With his current lover, his intent is the exchange of HIV-positive semen. It is rather simple—by his description, "removal of the condom, that's it."

Delbert said, "As we got deep into relationship… the HIV—that makes him different than me." He describes a feeling of disenfranchisement from his HIV-positive lover because he is not HIV positive too. Delbert met the man he calls his lover just more than 8 months ago at a tai-chi class. He imagines this relationship so different from previous relationships. Delbert describes the romance like this, "Our plan is to get married. That is what a love is like, with HIV."

Throughout his adult life, Delbert had never participated in receptive anal intercourse with men until now. Since meeting his current lover, he is scrutinizing what he does sexually. Importantly, the conscious changes are not because of sexual pleasures, but rather because of his knowledge that unprotected anal sex is a known efficient route of HIV transmission. Delbert is using these sexual actions to seroconvert. He expresses hope, "Could this be the one? Hopefully this happens." Delbert credits these changes to finally finding his true love.

Nothing will stand in Delbert's way of loving his lover unconditionally. There is desperation in his words: "I just wanted that so badly." This man who is his lover woos

Delbert. Uniquely though, for Delbert, HIV creates a mysterious appeal that his lover might somehow end up alone if Delbert is not HIV positive too. Delbert said, "I do not want him to feel rejected." If he successfully seroconverts from his lover, "Well… he is not going to be alone." Delbert is very cavalier about the medical consequences of HIV: "You know what I mean, I got it—that will be that. I have got it and my partner got it." Delbert has no fear of HIV, only that his partner would be alone if they were not both positive. In telling me this, Delbert is clear, "He knows that he would not be alone… because ***we*** [speaker emphasis] have HIV."

Delbert consciously thinks about societal concerns too; he worries about how others might view his partner, and Delbert wants to protect him from societal judgments. They could accomplish this protection as a team. He imagines if he too were HIV positive, then together they could better stand up to societal rejections. Delbert said he imagines his lover must think that others are saying, "Oh God, you have HIV… all types of words go through his head. It hurts him you know. It hurts him a lot." Delbert further said, "So me and him, we together, and he is not alone."

Nothing else other than being HIV positive and connected to his lover is as important to Delbert. He responded emphatically when I asked what else was important to him other than getting his lover's virus—he quickly said, "Nothing." Moreover, he said, "I do not want him to be the only person…" In telling about his lover, Delbert says, "He is frank and honest about his status. It was for me to make that decision." Thus, "I have decided okay, this guy is worth it… we are dating for like five months now, and you know, it is good."

Delbert repeats important ideas, "I have to please my partner." During our second interview, I candidly asked, "Do you think that if there is any chance that he would love you less or his family will love you less, if you did not get his HIV?" Emphatically, unhesitatingly, Delbert said, "No." Living with HIV would be simple in Delbert's terms. He merely has to "change my eating habits", "start taking medications", and have "freer sex." Delbert is so determined, he imagines being quite simplistic and calm if he seroconverts. He said, "I will not be shocked—I will flip off the HIV." Most importantly, he said, "No, I am not afraid of it." His intentions are clear. Delbert imagines his connections to be so profound, that never after will they be different. He said, "Hopefully this happens. It's pretty much my bond. You know, I don't want him to be left alone." Finally, Delbert says, with heartfelt convictions, he does not want HIV for the sake of HIV, but rather he wants only "His partner's HIV." His shapes his entire story like this, "I think it's hard to imagine—you know how I feel. I love this person and do not want him to be left alone. I have to settle for where he is."

Delbert is also clear; he wants HIV, not AIDS. He does not want to die from HIV; he merely wants to be like his lover. By also being HIV positive is the only way, they will connect. Simply put, life needs to go on uninterrupted. For Delbert, "I cannot let HIV stop me from what I am doing… I still could live my life with HIV." Everything is as simple as "I got it. So!" He is so passionate about his hopes for this relationship, he also said, "Well, I pray for it every night. Let me see another day and live a fulfilled life."

Part 2: Composite Narrative

Nearly three decades have passed since some of these men connected to a lover through HIV. Loves appeal does not change with time. Neither has something as tragic as the HIV epidemic. Sometimes love is so consuming that nothing else matters. Lovers spare nothing to prove their love—nothing—not even their own health. With unconditional love among HIV sharing a virus can mean—*We are one in the same, we are soul mates, and we are one in both body and spirit, unified—now and forever—despite disease*. Among HIV, a modern day Romeo and Juliet came to be. Indeed, a love so profound that no sacrifice was too grand.

Overcoming HIV discordance is both possible, and necessary. Connecting to their lover meant they too had to be HIV positive—that is the epitome of loving. Among HIV discordance there is simply no more profound a way to symbolically say, *I love you*, other than sharing HIV. There was no more profound a seal of that relationship. Sharing HIV means that *I want to marry you*, and *this shared infection is how I will prove it*. The crux of their love stories means likeness and connection, no matter what. HIV status discordance is separation, and it promotes separation and difference. Discordance gives birth to isolation because of separateness. However, together, both sharing the same virus, no longer are they separated. They are not isolated and not without love now and for the rest of their natural lives.

In the absence of a legally defined marriage, sharing HIV means *we are together forever*. If society will not sanction gay marriage, gay lovers can do it intimately and privately. Taking on HIV among lovers is the epitome of saying: *I have a part of you, you have a part of me, and we are now connected. I have a part of you all to myself.*

Saying I love you with HIV also says that I am brave. My bravery confers trust that we are in this together.

Childhood Abuses: Two Men

Part 1: Narrative Analysis

Two men in this research spoke extensively about childhood abuse. The stories these men told about their traumatized lives started with severe and persistent abuse as a child. As far back as they could remember, neither boy, Desiderius (Participant 4) and Reinhard (Participant 16), knew love, safety, or compassion while living in abusive households for what seemed like forever. The people who should have loved and protected them were actually hostile enemies. Desiderius and Reinhard both described feeling helpless because the very people who were supposed to look after them—the people they depended on—attacked them.

From their own words, we learn that Desiderius's mother *failed* to protect him; Reinhard's mother *could not* protect him. The abuse usurped their childhoods and resulted in profound implications for their adult lives. Seeking HIV stems from the larger struggle for self-determination in these oppressed and tortured young boys. The abuse of their childhood was of such magnitude that it set a foundation on which they based their entire lives.

Desiderius (Participant 4). Desiderius framed his entire life within the context of childhood sexual abuse. Now, at age 51 years, Desiderius tells his life story beginning with this description: "The problems of dysfunction or whatever a family dynamic is… may be difficult or paramount early in my life." He spoke of abuse that dates to a young

age, "early, around six years old with my brother." Complicated with the concurrent mental illness of schizophrenia, Desiderius believes the worst day of his life was not the day the sexual abuse began at age 6 years. Rather, it was the day he suffered even worse abuse at the hands of his mother when he sought her help at the age of 10.

Desiderius told that, after years of abuse and repeated violations of painful and violent sexual rape by his brother and several neighborhood boys, one specific 8-hour span of time stood out for him. He described what he remembers about his mother's immediate reaction when he first told her of the sexual violation that occurred that afternoon, and said, "She accosted me terribly." He remembers everything that followed later that same night too. With harsh words, he described those memories like this, "… I felt the wrath of my parent…," undoubtedly he was feeling disillusioned and disheartened. He said, "I thought of that particular night when I ran to her [his mother] because it was a painful situation. I thought that [his mother] was my safeguard, you know, and it [she] wasn't." Desiderius remembers these unfolding hours as if they were yesterday. He remembers a level of feeling embarrassed, as if he did something wrong, and the awkwardness of having to describe the physical rape. He remembers struggling to find the right words to relive and describe the anal penetration by his brother and several neighborhood boys. He said, "And I had to return back to the problem—more than a child need have on their shoulders at a time."

Later that same night, apparently after his mother pondered what Desiderius had told her only hours before about her other son, more violence erupted. Desiderius remembers hiding in his bedroom for hours, crying and "wishing it would go away." He was helpless. He then remembers his mother briskly waking him from his sleep. He is

precise about remembering everything, including the violent way his mother pulled down his pajama pants. He remembers how his mother inserted into his anus a bare electric cord from a living room lamp that she purposely cut. Once the wire was in his anus, his mother plugged it into an electronic socket and electrocuted him internally, claiming, "That's what you get for saying such things about your brother." She, too, perpetrated unthinkable abuses. Everything that followed in his life from that moment on was a downward spiral. He explained:

> He was one of her favorites. She told me that, "You are not going to mention it again…" which damaged me a little bit. The trust that I had in her whether deserved or not was never able to be repaired from that and I was always on a tightrope trying to repair that lack of trust.

Desiderius then described the subsequent years that led up to puberty and the years that followed. He toiled with what should have been normal childhood development. Instead, he dealt with continual confusion:

> Back then, I did not have a real understanding of sexual nature. I did not really understand. I think I had a better understanding when I first read Sigmund Freud's [writing on] human sexuality and I found out that I was topic-ed [sic] in it. You know, that I was a person in there. But I did not understand what was going on. I just was acting out for a long period throughout my puberty.

At the same time, Desiderius screamed for attention and affection. He desperately wanted to understand himself, as well as his body. He wanted to fit in and to be like

others his age. Getting attention meant assuming the customary way of life. He said of the abuse, "It was the only thing I had become accustomed to."

Desiderius spoke of a sexually transmitted epidemic of syphilis in the neighborhood. He recalled, "I did not cope with it because I did not understand it." Moreover, Desiderius remembered, "Because everyone knew outside of the household in the neighborhood… that within your family, your brothers were having sex with you," which caused even more confusion. He attempted to become "unseen", which was never easy. He feared the consequences if his mother's truth leaked out, saying,

> In [town name omitted], when the nurse arrives at your door and makes a statement that she is coming to find this particular person because someone has mentioned your name—you have to report and then you have to confess all your partners. And I remember contracting STDs early.

Since then, Desiderius sees his social interaction this way: "My interacting in society, I have never interacted well with others. I have always put up defense mechanisms for a long time… in order to cope."

Desiderius also lived his young life in fear. However, he could remedy fear with a handgun. Not long after holding a gun for the first time, life changed considerably. Desiderius told, "At 16, I wind up in prison—a handgun violation." He said, "I enjoyed the aspect of it [holding a gun]. I enjoyed what it [the gun] made me feel like. It made me feel powerful. It made me feel I did not have to fear anymore. Growing up in a project community—you dealt with a lot of fear." His handgun was a birthday present for his sixteenth birthday.

Most, if not all of the rest of his memories stem from when he went to prison from age 16 until 25. He went on to describe years in prison and the steps he took to protect himself from continued abuses and sexual violation. He lived among juveniles his age for 2 years until he turned 18 years of age. For a thin, tall, and mentally frail boy who was becoming a man, those years were violent. Many other boys were much bigger. Juvenile prison was starkly like where he grew up in the projects, launching memories of neighborhood rapes at age 6 years.

Because of this experience, by the time he turned 18 years of age, he confidently thought he was tough enough for adult prison life by now. Nevertheless, at the same time, the "population [prison inmates] turns over quite quickly in prison and you get new arrivals every day… that leads to a lot of interaction with different people", so he quickly found himself pausing, and wondering if he would ever be ready. Fear and vulnerability only worsen, and Desiderius recalled, "The corruption and the sex and the violence and other things becomes intense." It would take less than 1 year to learn that his 2 years of juvenile detention centers did nothing to prepare him for an adult prison—nothing could have prepared him for imprisonment with men twice his size.

By Desiderius's account, the danger of adult prison is not "fictional." In a short time, the "intense" and "stressful" skills needed for survival, would lead Desiderius to one inmate in particular who had heroin. Up until he went to the adult prison, Desiderius had never used illicit drugs of any type. He said, "I met it [heroin] for the first time in prison—and it was a free exchange." About the inmate who gave him heroin, he recalls, he was known to be HIV positive, but, "he favored me and he gave me the drugs for free." About heroin, he chooses it "Because that is immediate [the rapid absorption of IV

heroin]. I did not progress as some may do from doing any other type of drugs first. I went straight to it [IV drugs]." He said, "I could not bear it anymore." Even though Desiderius felt manipulated into sexual encounters with the inmate, too, Desiderius could forget the group rapes. While he was one-on-one with this particular inmate, he felt protected even if he was "being played." He remembers clearly, "a lot of my sex acts was power struggles."

He numbed his pain with drug use and isolated himself from the general population as a means to protect himself. As he immersed himself deeper into the world of prison life, he mentally dissected his being into two, noting, "I remember distinctly fracturing some sort of reality." He resorted to intravenous heroin, saying, "and so it was." He remembers continued fears, saying, "The corruption and the sex and the violence and other things becomes intense." Ironically, however, he never imagines anything wrong with the level of dysfunction; instead, he candidly said, "I never think it is abnormal—I just thought it was a part of my life." Nevertheless, he also intentionally withdrew emotionally. He withdrew physically as well, and he asked for solitary confinement, where he remained for 2 years.

Desiderius also told about many years in prison where sex was manipulative, very abusive. He frequently found himself allowing others to abuse him physically when in prison. He was known among the inmates and was constantly calibrating his next encounter:

> Who is going to be the most dominant? Who is going to be the most manipulative? Who is going to be the most wanted or needed? Who could wield

the most emotional gain from it? That is what detaches some from the interaction recently because I saw myself victimizing many of my partners.

He found himself involved in "completing the cycle" to ensure that the inmate was "satisfied." He highlighted encounters with men in prison where "they were doing bizarre exchanges of defecation or golden showers" [urinating on him], and noted that "was okay sometimes." He remembered, "Defecating on top of each other... even though it was difficult for me." He also noted, "But you acted accordingly"; otherwise risks of greater harm were a possibility.

Not until he became an HIV "hazard", would these experiences stop. As time in prison passed, the sexual environment became more hostile. He had lived in hostile environments for so long that eventually hostility was no longer a problem. Desiderius remembers getting to a point where "it became most regular not to be shocked about certain things. You became numb to the whole idea, you really did." Desiderius was now conditioned. Finally, and only after his confirmed HIV diagnosis, was he off-limits to rapists. He was "tabooed"; so "finally the rapes stop." According to Desiderius, his entire focus, and what he felt when he was age 19 years was, "I believe it was direct trajectory towards HIV." HIV is freeing.

Reinhard (Participant 16). Reinhard told of tragic memories of his childhood, and one night in particular that to him was the worst moment in his life. His entire life story is one of survival stemming from one night in particular when he was "thrown out" from his home. He described temporal representations at the heart of his story that define his real self, his real life. He also has many scrambled memories. Establishing a precise

order to them is difficult especially because they date back so early in his life. Nonetheless, the abuses were so severe that he blames them for why his "brilliance died away." Reinhard spoke about "many childhood abuses" after his mother was hospitalized because of psychiatric illness. He said, "They labeled my mother as being crazy."

Reinhard is the youngest of four siblings. He remembers most of the abuses starting when he was around age 5 years. His older brother who was closest to him in age (at age 7 years) suffered the same turmoil, while their two oldest siblings escaped these torments. According to Reinhard, everything in his life was fine until his mother went away. Reinhard remembers:

> My mother was taking real good care of us, and I was about five years old. My grandmother and my aunt came around and just took over. They threw my mother away in Byberry, and they took four of us. My older brother and my sister, they did not get abused; they were of age. [Byberry was a state psychiatric hospital in Philadelphia from 1910 to 1960, which housed patients ranging from the mentally challenged to the criminally insane].

After they [his maternal grandmother and aunt] "threw his mother away", Reinhard and his older brother by 2 years went to live with them. He still questions everything about his life from that time up until now, and ponders, "Why did God give me such a brilliant mind, and then put me in—be born into—a family that was so abusive and so mean and cold?" Remembering his brother, and one night in particular, he told his story, "Throwing me and him out. I think this happened about two times. At the age five

and seven—I was five and he was seven." Reinhard went on to describe seeking refuge and safety from the cold on several nights:

> We walked the streets a few nights. We have to find a street where there is a gas station. We would sneak in there then sleep in the cars, abandoned cars. We would go right around the corner to a gas station at night and sleep in the cars.

He described a level of fondness for his brother about that time, and imagined him as somewhat of a hero and as wise. He credited his brother for thinking about hiding and sleeping in a car. Using each other's body, they kept each other warm; as he said, "We were stuck together."

The remainder of his story narrates isolation, and physical and sexual violations, "that went on for years, for quite a while." From that night forward, years of abuse occur repeatedly, linked to his grandmother's house. More specifically, memories are linked to "being thrown into the basement" and sleeping on bare metal box springs. In some ways, the abuses were linear and related to the house basement. They were also progressive. Reinhard said, "They both abused us" and he went on to note "the same scenario, for years and years." He spoke of his grandmother as "evil", and his aunt as "always picking, picking, picking." All the while Reinhard simply yearned to be part of "a family type of thing."

Reinhard progressed through early childhood and puberty while frequently living in a boarding home. As he aged, he began to question his own identity. He remembers his self-awareness during those years, "I knew I was going to be gay before all these [events] start to take place." He recalled the sexual abuses starting at around age 6 years:

> When I went to the boarding home, there were two gays there. I have to be at least between six and six and a half. But they were full-grown, they were men—they were not teenagers. They already gone over puberty. They had mental health. They would come and wake me—they did that twice.

Reinhard never forgets those times or the rapes: "It is there, it comes up all the time, the pictures." He sternly recalled that for those times and his entire childhood he has no good memories, stating, "To tell you honestly, not really." It was very important to Reinhard that he emphasized his recall of those years in the boarding home, often repeating stories and one story in particular, "Yeah, they are the two men raping at night. We were the only kids there, me and my brother." His brother was never raped as far as he knows; as Reinhard stated, "He argued with them about that. He went through a little thing."

Reinhard believes that the term *violence* might be a one-word summary of his life. He described both physical violence and sexual violence, concluding, "That is about my life, really, all violence." He often returns to a time when he was "locked up in the basement and stuff like that." He relived this violence and summarized:

> You see, I knew what they did to me and also my brother had a real strong effect on my mind. Initially I was depressed, I took medicine, and then for a whole year, I saw them [the mental health doctors]. And after that year, I did not see them [the mental health doctors].

Reinhard has never recovered from those tragic childhood memories, stating, "I was never okay." He further emphasized, "It [the painful memory] is there with me every

day. All the time. I had major depression and also post-traumatic stress syndrome." The abusers are "filed away" but "they come to mind a lot." Nevertheless, he frequently described the perpetrators "kicking" him and making him "fall down."

Reinhard said, "All the abuse really had a hold on me. My confidence level was all the way down. It made me feel bad." More so, he recounted, "when so much is going on at home, at the same time worrying about where you gonna live and then trying to deal with learning, and dealing with other kids too, it was rough." He recalled that, during years of puberty, the neighborhood boys threw bottles at him during the daylight and that they were "throwing stones and all that stuff." However, he said "then come nighttime, they would come ringing my bell" in secret. He was manipulated into performing sex, and he knew definitively, "'Don't talk, I will hurt you', and they meant it."

Reinhard described fear like this, "You can never sleep at night." This fear he had for long periods. He spoke about fear with emotional drive, and he emphasized with a level of urgency, its severity:

> For years and years. It went for years, and years and years, and years and years. I graduated from high school, depressed. I did everything, but depressed every day. I was afraid every day. You see, I knew that what they did to me and also my brother, had a real strong effect on my mind. You are always afraid.

Another memory stood out for Reinhard, which he retold several times during our time together: "There were times when my grandmother would try to force my hand through washing wringer." He also recalled another explicit memory on several occasions: "She would tell me she is going to put my hand in the oven just to see if I had

any feelings. It was pretty rough." In addition, remembering times he and his brother were imprisoned in the basement of his grandmother's house:

> Then my grandmother came down to have an early morning—beating us. And wake up to go the school. Then my aunt would come behind, and fight me in the cellar, punch me, punch me on the face, and stuff like that.
>
> That went on for years—for a quite a while. Whatever we did, she [my grandmother] was always over us—yelling and screaming. Then she would go upstairs and tell my aunt some bogus lie or something. I don't understand what is going on, and she [his aunt] comes racing down the steps and she was looking at me. Punched me on the face and I fell down and that was really horrible; at times my brother too. My mind wasn't worked [sic] somewhat—that is why I did not tell the authorities about it.

After childhood and puberty, at age 19 years, Reinhard turned to prostitution. He became accustomed to having sex and receiving something in exchange and to having anonymous sex in adult theaters. He also began traveling by train to a large East Coast city where he imagined no one would know him and "No one would tease me." Eventually, after several trips, he made contacts with other male prostitutes. For him, turning to prostitution seemed a logical progression in his early adulthood to a means of financial income, most important though was finding a family. In this world, he never imagined anyone would hurt him. The life of a prostitute conferred everything he ever dreamed. He turned to prostitution for "years" dating to the 1990s. All the while,

Reinhard was able to escape drug use. Instead, he relied on strange people and strange cities to help with erasing and numbing his bad childhood memories.

HIV was never a concern for him during this time. Reinhard remembers being "out there—I was looking, I was crazy for attention" and noted, "Some of them were nice and some of them were really nice." Prostitution served several purposes, as he described, "it was for the money", but also, coincidently, "it felt nice, they were nice to me." In this context, Reinhard described the dual benefits to prostitution as, "I had some bucks in my pocket" and "I enjoyed the sex," noting, "it was both." When he recalled other sexual encounters of which he really did not want to be a part, he described them as, "I put myself in neutral" and noted "I am just going to do it, just without any real enjoyment" and "I am just doing it for the money." Reinhard went where he had established a clientele. It was never too troublesome to "work as prostitute" and he denied having any regrets from those years of his life.

In fact, during those times he felt the most appreciated, most connected, and the least threatened. The prostitute–client relationship was, for Reinhard, "real nice." He had found his family. Woven in these years was also the problem with HIV. However, Reinhard remembers, "to a certain extent" his HIV was on purpose, because "fitting in" encompassed HIV. If he was going to fit in, that meant having HIV. In addition, he imagined he increased his chances of finding a lover this way; it would be easier if he were HIV positive too because he would then be "the same" as many other men. The community where he felt most safe, and most wanted, was the HIV-positive gay male community. He believed from within these boundaries, "it could be a family type of

thing—and community type of thing" everything would then be okay. Reinhard had by now finally "fit in", which is something he dreamed of all his life.

Part 2: Composite Narrative

Entire lives are ruined by childhood abuse. Harsh childhoods provide, "no good memories" and the sadness of that lack alone are hard to imagine. Setting a childhood foundation with tragedy, abuse, abandonment, and dishonor lead to an identical adulthood, a tragic one. With childhood abuse, the development of basic trust never happens. A therapeutic foundation never gets started. A life that started out as abuse might be the only life a person grows into. Bad childhood memories never fade, especially the abusive ones. "They come to mind a lot." The more abusive the injury, the less likely it can ever be forgotten. This endurance of memory was especially true with sexually abusive memories, none of which is erasable. Bad memories never disintegrate; they are only "filed away." Bad people never disappear either, they are only "fractioned off."

Being high on drugs is the perfect hiding place from childhood abuses. Heroin use allows amnesia, even if temporarily. Without the benefit of drugs, those who are abused, instead often flee. Bad childhood memories give birth to fear and fear gives birth to loneliness and isolation. In turn, isolation gives birth to desperation and cravings so profound that scrutiny is not possible. The capacity for adults to have a relationship after years of abuse is something of a fantasy. Fantasies help the abused explore and develop the only possible feelings they crave. Love, support, and family are nothing but imaginary.

Danger is enticing and perhaps founded on childhood memories. Humans cannot erase bad memories; they can only temporarily escape them. Without help of a tool such as drugs, humans cannot diminish the immobilization caused by these bad memories. Bad childhood memories lead to a yearning to be safe, loved, in a family, and understood. Ironically, prostitution, unsafe sex, and physical touch that was painless conferred a level of being connected; the prostitute–John relationship conferred a family unit—it conferred love. Prostitution was a logical action to take especially because it satisfied a craving for an otherness—another person who would touch them yet not harm them. Memories of childhood abuse blur the difference between bad touch and good touch, even for adults.

After growing up in a childhood interwoven with mental illness and post-traumatic stress, one is at risk of exhausting all other means of finding peace. HIV finally conferred peace. From the viewpoints of these men, their behaviors at that time enriched their life rather than diminished it. In both cases, it was not by happenstance that each man seroconverted. HIV was a means to an end. HIV positivity, especially in the prison setting makes a man hazardous. Hazards are left alone, and hazards are not raped.

No easy means are available for breaking free from the shackles of abuse. Sometimes, the abusers can be "fractioned off"; at other times, the abusers are mentally "in the back." Abuse leads to many essential questions. Is intentional HIV the answer when a young boy is challenged to see "if he has feelings"? Is HIV the only way to make the rapes stop? These childhood biographies are at the forefront of these adult decisions and emphatically answer these questions with a resounding "Yes." Seeking HIV gives back control, specifically as a means of warding off predators. HIV means safety—HIV means, "Finally, the rapes stopped." In fact, in at least two cases, HIV saved the man.

Secrets: Two Men

Part I: Narrative Analysis

Two men spoke about their challenges with realizing their gay identity. They shared similar deep and troubling fears of disclosure about their sexuality. Yet, they managed their fear and maneuvered marginalization quite differently. They both imagined rejection from others because of their homosexuality, and as such, their stories plot complex journeys. One man would cluster his entire adult life with select people, and the other would essentially, lie. Over time, however, the weight of hiding and of keeping secrets becomes too much to continue. Keeping secrets was a lot of work. Moreover, keeping secrets would come to represent an entire adult life restricted by the opinions of others. This restriction was especially true in the non-gay society, for example, in a religious life or in a military life. The concern of how others might judge them results in lives full of restrictions and profound secrets.

It was only after they worked HIV into their identity that they felt free. Not that HIV frees them of their secret; rather it was an important piece of their life puzzle. Fyodor (Participant 1) imagined camaraderie among other people with HIV. Those same people would care less about his gay identity. Those same people would be sensitive to Fyodor's struggles, and the reasons he felt he had to hide. At the same time, they would covet his secret, because they had secrets too. Jayant (Participant 14) differs from Fyodor in most ways. His fear of disclosure nearly brought his life to a standstill. Foremost, is that Jayant never assumes a gay identity; instead, he is on the "down-low." This identity is his biggest secret, and, for many reasons, he will never be free to be just gay. HIV was

part-and-parcel of living his secret life, within the territory of being a man having unprotected sex with other men.

Fyodor (Participant 1). Fyodor is an African American gay man, now age 43 years, with a complex past including living with HIV for 22 years. Ever since he seroconverted, he describes quarantining himself because he has HIV, and more importantly because he is gay. He pockets his friends and family in unique quadrants. Now he constantly battles marginalization and worries continually about the price he pays for being out, and "being judged as a gay male."

He shared the horror of his sexual discovery by retelling about his first sexual experience like this, "Oh, I feel bad, I felt like an outcast, I think when I was about 12. My mom caught me, Oh God! I thought: The world is going to end." From that time forward, many memories hinge on the guilt he felt at 12 years of age, "She took me upstairs and she beat me… butt naked then, she called me… homosexual or gay, she said you know what they call people like you, they call you freaks … I was not looking for that…"

Enter sexuality, and young adulthood, Fyodor imagined HIV infection would eventually happen. He candidly said so, "I expected to become positive and it was just in my mind set. It was an expected norm if you are a gay man." His mother left a lifetime impression on him about gay love and what being in love with a man meant. That never faded over his lifetime, "… that impression from my mother." Meanwhile, at 18, he fell in love with a man, "I use that one to gauge… I guess I kind of I thought being in love was something that was like really, really weak of me…" Then his continual pathway of

love became even more ominous and confusing to Fyodor, he remembers thinking, "being in love with him meant you were weak … I still had that thing hanging over my head where it is just a sign of being weak." Consequently, he remembers thinking this, "I know that is not natural and it was just a frailty that I got from my mother…" yet he sees no other way to live and love except to do both secretly, selectively, and marginalized intentionally.

His mother's message remained so powerful that now his entire life and everything about it including love, is restrictive. He struggled with being a "freak." He lives in a very select tight circle in order to belong. He belongs when among the "*castaways."* Fyodor felt as though among the castaways', he is loved unconditionally and he was "not a freak." Even still, today, "at times I feel like I am alone and suffering within…" He also noted,

> Well, it is sad to say, but we are a society that lives though visualization… I mean we do it all the time whether the person is black, white, young, or old… You know, I would like the people to judge me for my inside man and not just my outside man, but the inside and the outside both have a story to tell, you know.

Fyodor detailed life among the castaways: "The people that I consider [to be] friends… are people that the mainstream might call… I call them my *castaway friends*. My castaway friends are drug addicts and prostitutes …, the alcoholics… the most sincere people…" In detail, he said, "I look at a person by how they respond to their pain." The rest of society is casting them away, but… that's the very thing…the very reason the rest of society is casting away is the very thing…and that makes them a family

… to me." Regardless, he somberly said, "I'm a castaway because I have HIV …I have AIDS …I was a real hard on drugs at one time … I was homeless."

At the same time as a castaway, Fyodor sought human touch, in the form of anonymous sex in adult theatres. It was better to be touched, even if it was by strangers in dark theatres, hardly seeing their faces, than to not be touched at all. He seemed to take solace in those memories among the darkness of an adult theater; often there he avoided being different or lonely and he was not cast aside. He also remembers, "for the most part… nobody had a condom in the movie houses… it was just about just sharing love, free love, and all of that kind of stuff…" Admittedly, he said, the drive that led him to go to those places was simply, "Knowing I could just not be judged." "Not be judged as a gay man and just have my freedom of sex."

All the while, HIV had no meaning. HIV itself was not a life restriction. HIV was an expected part of being a sexually alive gay man even if he was a castaway. In fact, Fyodor creates his own lingo to summarize freedom of judgment and the freedom of worry about HIV, he said, "you have been given the "judgmency" [sic]. Moreover, he said,

> Now since being positive, 20 plus years later, I am seeing and I am learning that… everything does not need to be per se in a specific puzzle or box… people are real regardless of what other markers they have as far as their identity.

Despite this out-of-the-box reality, Fyodor still segregates his life, toggling back-and-forth between the misfortunes of the ostracized, and feeling a part of some group, noting that, "I am at peace because I am not making too many mistakes… I incarcerate myself."

Fyodor believes about getting HIV," it was not a mistake"; rather, he would "do it again." More important, he viewed his infection as "protective." "I've been labeled as gay man, I have been labeled of sissified, I have been labeled of fagging, and however, you want to call it… in the beginning it looks so hurtful, but guess what, it was reality." He also shared, "I just continue living carefree and ignorant, the best words to say it. He took no precautions, "No, Absolutely not… I was like in total denial."

Fyodor recounted,

> Eventually, I would become positive… but once you are inside that circle, you have a better understanding and got a little wisdom on you, then you see the whole perspective... It is just for me in my cellblock. The best way for me to function is to separate myself… however you want to see it... I am positive because I chose not to be responsible at certain point in time.

Fyodor chose to "live dangerous", be "promiscuous" and "living in the moment, living for eye candy." He spoke candidly, "I planned on getting HIV." His restrictive life, a hidden dark anonymous life equated with "I actually did. I mean I just go out for mix of sex when the mood struck you." Overcoming restrictions and resolving to HIV, Fyodor said, "I just wanted to escape, so I just went on ahead and had unprotected sex." HIV was anticipated, especially when he was forced to live under restrictive lifestyles. "You know what I mean… to me it was just like a last-minute casualty", but at least he was free of restrictions.

Jayant (Participant 14). Jayant has a big secret. With nearly everything we spoke about, he somehow managed to wrap around that conversation something having

to do with his outward identity. With remarkable tenacity, he takes many measures to keep his real sexual identity secret. It seems he lives his entire adult life in profound fear of disclosure about his desire to have sex with other men. He has never come out of the closet, never! Nevertheless, Jayant goes on to tell why getting HIV, helped obliterate some life restrictions. He decided approximately 4 years before the study (in 2008) to "just get it over with." After several years of navigating many internal conflicts about having sex with men, he would come to abandon any regard for safe sex because safe sex was restrictive. Talking about condoms, or safe sex, ruined the intimacy so he ignored that all together.

Right from the start, the memories about his adolescent days suggest conflicts. The first time he had sex with another man was in his twenties, but "that was an accident." Not until he was in his mid-thirties, does he want to mentally deal with his true self. All the while he cannot escape because, "my family is religious." Importantly, he recited, "gay people are ostracized in the church community and basically because it's against the biblical principles." As far back as he can remember he dealt with the conflicts of church doctrine, his parents, his true inner desires, and the fears of what would happen to him if his truth came out.

If he had to assume any identity, he assumed a "down-low" identity. Jayant assumed I knew the meaning of the *down-low phenomena*, a phrase that describes *a man who has sex with other men, but is unwilling to identify or label himself as homosexual*. A clandestine label that frees him from identifying himself as gay is better than a gay label.

He takes advantage of his threatening body size as a large muscular man to fend off any derogatory thoughts because he is too big, and "too masculine" to be gay. He imagines because he is so big, no one will ever imagine he enjoys the sexual pleasure of male partners. He infers gay men are less masculine, with diminished bravado, and that feminization would mean gay men are nothing like him. Jayant obsesses about feminine versus masculine men, "All is different being… macho like." He said, "So, I am more or less on the down-low because I have a lot of interrelatings [sic] with my family." Concurrently he also "uses women" as a cover; this use was especially true in the military. He has also fathered children.

Jayant freed himself because of the societal belief that HIV was a gay man's disease; and he was not gay. Candidly, he said, "By the way I was living, I really wasn't thinking about HIV." He makes certain I realize, in his life, "You know, the way I was, I was younger and it just did not affect me." Since he was not gay, he was free of any HIV worry. Jayant was cavalier in his sexuality, saying, "Whatever side of the bed I rolled out on." Jayant has only 2 years of lived experiences with HIV. Challenges are so many that his fear seems to derail his logic in such a way that he omits any responsibility in protecting his sexual partners. Today, for example, he never discloses his HIV status to his current sexual partners. He frequently sneaks in and out of gay sex venues. His secret world consists of many anonymous male sexual partners. He also has a very small select group of named male partners with whom he meets regularly and who swear to secrecy. Jayant describes that network like this, "I got a strict circle." Mentally Jayant draws a line around anything related to those encounters. He describes them like this,

"drawn at the door." Secrecy, "is a rock" that keeps those men, and those encounters, solid.

For Jayant, he never contemplated *if* HIV infection would happen, rather *when* HIV would happen. Therefore, he took control by getting his "HIV out of the way." Once Jayant would forego safe sex, it would take only approximately 10 different male sexual encounters to seroconvert. Jayant imagined it was better to control what he could, even his infection with HIV. It became too much to multi-task, too much to prioritize mixed identities, and subsequently his secrets became too much altogether.

All of his worries stem from an imagined fall out with a host of people, and even organizations such as the church or the soldiers he commanded in the military. Primarily, Jayant lives in constant fear of his family's awareness of his true self, especially by his father. Jayant is petrified of his father, from whom he anticipates insulting and chastising judgment. Between being gay and being HIV positive, he could handle an HIV-positive label, but never one about being a man who enjoys sex with other men. If he ever had to rationalize his HIV status to his father, he would undoubtedly blame it on promiscuous sexuality with women. Jayant has no guilt about his hidden agenda. According to him, "I am trying to enjoy life… on my own terms." All the while, male homosexuality had to be elusive, a subtraction from his being.

Jayant uses denial indiscriminately to avoid acceptance of a true self. He tells of witnessing trauma in his life, men who were outwardly gay and were "ridiculed" and who had "rocks thrown at them." He recalls firsthand having witnessed bullying about homosexuality. Especially important was how he navigated not being like the other gay

men, who were "weak," and why partaking in ridicule of other gay men was unavoidable. He had to make others think he too hated gay people. To emphasize this need for a façade, he said, "They think that they [gay men] are weak people and they can't stand the guy." All along, he toiled with his own inner truths, while also supporting stigmatizing, bullying, and abuse. He felt dragooned into going along; otherwise, his secret is at risk.

Much of his behaviors were enacted so he could save face. He had to be certain everyone else viewed him as being ultra-masculine. In fact, he takes pride when his family or other soldiers, view him as a "womanizer..." Repeatedly, he said, "You know, I was thinking outside and going and had sex with this woman, that woman, this woman, that woman." "Thinking outside" would mean he always had a backup plan to account for his indiscretion. Moreover, he said, "Yeah, I mean that's the stigma that they had …I just happened to be one of those people…that caught up." He worked very hard at publically ridiculing gay men, breaking them down, so that it always appeared he disliked them too.

He tries to find forgiveness today, and knows what he is doing is wrong. In a way, he hates who he is. Nevertheless, he cannot find any remedy to overcome all the restrictions he tackles on a daily basis. His secrets are a heavy burden. He is leaning in this direction though, "Inner peace because you are getting to a place in your adult life that you accept the fact that you enjoy having sex with the men, yet you struggle with that at the same time." He cannot seem to get away from his truths. He said, "HIV was harmless..." Jayant proclaimed, "Getting off, you know once I get off, you know I mean I am enjoying it," but this pleasure has to remain a secret. He bluntly said, "The idea of getting it on purpose is not so unusual. I mean people do it..." He is clear, "I got HIV on

purpose because I had been with people… I really had unprotected sex with people outside of my circle." Still today, at age 43, and ever since puberty, he struggles with his sexual interest in other men, and said, "I continued to struggle with it." He leaves it at this, "I am just hoping that I end up on the right side..."

Part 2: Composite Narrative

For some men, having secrets, especially about sexuality, carries an insurmountable toll. Having and maintaining secrets leads to lies and indiscretions built out of fear. From an early start in youth, some boys grow up to be men while believing that they should be the same as all other men—they become conditioned. One man's secrets affect many others, however, whether the others know the secret or not. In some cases, being *the other* has risks, too. Because of secrets, a cyclical pattern is perpetuated, completing a full circle of destruction. A chain of events is put in motion, from the very first secret. The work of a cover-up is constant.

Wanting to be one boy, while being mentally forced to be a different boy, is quite difficult to tackle. Parental influences are magnificent and rarely challenged. Public opinion is also a powerful force. Conflicts about sexuality start at young age—and often never leave. Whatever a parent teaches or whatever a society condones must be right. Thus, conflicts lead to big secrets, which lead to sacrificing a level of autonomy, which leads to suffering the consequences of self-alienation out of fear. When a man is not allowed to be true to himself, he will be untrue to the rest of society.

Many memories about puberty and sexuality, manifested through the desires inherent to each man, might be negative or scandalous to the rest of society. As such, the

societal cues conflict with the man's innermost feelings. If a man has to assume any identity, then it may not be his own. However, as a whole, a man cannot escape taking on some label—he has to be something or someone, as dictated by a society that believes this need for labels. Societal influences are powerful—they make people lie. People are intact until the time when their inner truths collide with societal dictates. Not everyone has the power or the courage to confront society. Very different men can have uncanny likenesses in the secrets they keep. Behaviors toward HIV infection hinges on imagined judgments from members of society. Seroconverting to become HIV positive is not itself a means to end the contradictory opinions from others about gay men. Rather, seroconverting links marginalized men in such a way that confers belonging. It is better to belong, even if belonging means more secrets, judgments, and worsened separation.

Punishment for Wrongdoings: One Man

Part 1: Narrative Analysis

While Karan shared some similarities with other men in this research study, his overwhelming belief that he deserved punishment sets Karan's case apart. At the heart of Karan's story is his belief that he deserved punishment for multiple personal characteristics: 1) his sexual identity, 2) his conflicted religious ideas, and 3) his inability to accept his homosexual self as unnatural. In Karan's thinking, suicide would solve all of his problems.

Karan (Participant 5). Karan is from a small family, yet he felt neither calm nor acceptance in his home. Instead, he only felt "a lot of anger" and "constant tension." Importantly, the small family provided a level of tolerance about his sexual foibles,

supposedly because they loved him. Nevertheless, Karan noted, "We really do not interact very much because it is so uncomfortable." The reason for this distance, he believes, is that they are unable to "be together honestly." Karan often spoke about familiar "resentment" in contrast to what he imagined would be possible if they all lived an honest life.

Karan told about the anguish of growing up in a dysfunctional family, primarily because of his father's addictions to alcohol and because of his mother's dependence on his father. Karan described his mother as "very, very co-dependent." He also remembered that he and his sister "were always fighting for attention" in the context of "total dysfunction." The fallout of this conflict, he believes, was that he barely survived in his home. Karan told of "holding back" so much so that he had to make-believe. He had to fantasize, noting that, "I have some kind of a spiritual orientation." This orientation means Karan believes he does not actually exist; instead, he said, "I am not." Karan described himself as "kind of amorphous:" therefore, everyone was "oblivious" to his torment, and on some levels, oblivious to him.

From puberty onward, Karan reported he lived an ill-fated journey that ultimately led to his decision that "I should die." Speaking about his early years, Karan said, "All I knew about being gay was—have sex with each other." He would first have sex with a male partner at age 16 years. His first experience was "not very pleasant." After a 4-year period of abstinence, Karan would eventually immerse himself in an active sexual life at age 20 years. This change happened when he was also becoming active in a Christian group. Karan described religion as, "a very big part of my adult life." However, Karan said first, "they tried to convert me", and then, "they threw me out", speaking of a time

he remembers as "really traumatic." Karan gave every indication that he merely wanted to believe in a greater power, one of unconditional love. He felt "really blessed by God" and because of that blessing, "I am going to overcome." Karan said that, meanwhile, "I wanted to experience something so terrible that I am going to repent on my sins and die in peace." The triad of *gay sexual pleasure equals sin equals deserved punishment* took hold.

Based on his triad of beliefs, Karan believed himself a bad man; and thus he deserved punishment for his unnatural behaviors. He would feel most comfortable only among other gay men, so much so that he reported attending "two sex parties that were specifically for [men who are] HIV positive. You do not care basically, and at both parties people were having unprotected sex, and on the one hand it was kind of exhilarating seeing that…" Even though he "felt weird" at sex parties, he took part, believing that the attendees were "actively seeking to become infected."

For Karan, his participation "saved" him because it "somehow would make me holy" if he successfully seroconverted and then died. Karan reflected that, while he is not sure why he made such conclusions, he only knows that he thought, "I should get AIDS; I should get HIV and die… because there is nothing for me to live for." Candidly, he also said, "I wanted to die of AIDS…" Karan stated just as candidly, "I deserve HIV. And so I might just go out and do it and see what happens."

Karan has come to believe, "I no longer feel that homosexuality is a sin," but, the messages of the church and society "are all kinds of convoluted." He no longer believes being gay is a "curse." He says being gay "is more complicated than just a binary that

society states." Even though he was "lonely before HIV and after, pretty much the same," he believes "there are a lot of people like me." Nevertheless, "HIV is not the worst thing that could happen to me. I think it has helped me to a better place spiritually."

Because of HIV, Karan said, "I achieved wisdom." He summarized,

> I am forced to consider things on a deeper level, not just keep things on face value, not to stick with what some people have told me is right or wrong, or the way things should be. I questioned a lot more than I used to. I think that is good.

Part 2: Composite Narrative

Personal conflicts between gay men and the church can lead to extreme decisions. Determining what is more important, or who or what is right and wrong, is never an easy journey. Conflicts can lead to heartfelt disgrace for dishonorable sexual conduct, at least from the views of the church. Based on these experiences some men feel compelled to seek their own admonishment; they would repent by dying of AIDS. Karan conceived that his own suicide through HIV infection would "somehow make me holy." He said, "It's a strange thing—that's why I thought I would be holy if I was infected—in a sense because it would force me to see how evil I really was, and it would force me to get right with God." If he did not get HIV, then this reconciliation could not happen. Although Karan did not die, he believes that he made the ultimate statement of how sorry he was for his wrongs. He was compelled to gratify some satisfaction of attending to his guilt. Only in his middle adult years has Karan been able to say about his same-sex attractions,

"I have to be that way... It is all about orientation in your mind, in your spirit." He no longer believes being gay is wrong.

Wanting Connection to Family: One Man

Part I: Narrative Analysis

Diggory's story is another example of a life journey so unique it warranted a solo review. While he might have had experiences similar to some of the other men, for example drug use, time in prison, and sexual promiscuity; none of these account for the crux of his seeking HIV. He spoke of a time when he "came looking for HIV" out of desperation. He likened HIV to a fatal illness like cancer, but HIV is one he could "catch," and thereby experience love and attention. HIV was drastic enough, and harmful enough, that an illness with HIV would undoubtedly gain attention.

Diggory (Participant 9). An African American man, now age 52, Diggory has lived with HIV for 26 years. At a critical time when he felt so unwanted and unloved, he was determined to use an HIV diagnosis to bring himself back to his family from whom he had been isolated since childhood. Diggory always felt like a stranger in his own home. He did not feel as though he belonged to his family, particularly as a child. He shared few similarities with his siblings, and this feeling of being different persisted well into his adulthood. He remembers never feeling connected. At the time when Diggory sought HIV, he was "going through a lot" with his family and felt "angry with my family."

Diggory said that if he succeeded in seroconverting to become HIV positive, that change would result in his family feeling "sorry for me"; if they felt sorry for him, then

they would finally embrace him and love him forever. As the youngest of six children, for as long as Diggory could remember, he felt more like an orphan than a natural sibling; he was an "alien." Among the siblings were three different fathers. Two children had one father. Three children had another father. Diggory's father was different from all the rest. Worse yet, his own father was an absent father.

Diggory agonized about where he fit in with the family. Consequently, he only remembers a feeling of disenfranchisement in a family that provided all the other siblings with acceptance and a sense of belonging. He remembers most always trying to fit in, and often, being jealous of his siblings. In addition, he constantly struggled to maintain some level of coherence and order in his life. He was nearly always at odds with his siblings . His mother never recognized his struggles. He remembers all too well "a lot of chaos" at all levels and ever-threatening risks for abandonment.

In sharing his life story, he remembers "acting out" during those years of feeling singled out. His behaviors were significant enough that by age 14 years he started his life in and out of prison. For example, as a young boy, he lit an apartment complex on fire. As an adult, seeking HIV was the epitome of acting out—nothing was grander. By the time he spent nearly 10 years in prison, the fatigue and loneliness, got the better of him. Enter HIV—it seemed the perfect plan. Essentially, Diggory was using an illness as a means to compensate for his imagined loss of family love and lack of place in the family. Only after his seroconversion would Diggory realize that members of his family were oblivious to his unmet needs.

His family would never know the reason for how he planned to seek their attention. Diggory imagined that HIV would be so drastic and so brilliant, it would certainly cause his family to feel sorry for him, especially if they thought he were going to die. Then, they would say they were sorry for making him feel unloved and unwanted as a child, and even now as an adult, making him feel unconnected to the mixed family. His intentional infection with HIV would also punish his family for being so mean to him. No one would ever know that he sought to avenge the mental and emotional pain by his pursuit of an HIV infection. Family members never took much notice of Diggory, especially because he was in and out of prison so many times. However, Diggory imagined that all the siblings would converge from varied locations into one loving embrace of him; then, he would be part of the family tree.

After a lifetime of feeling isolated, Diggory sought an action he could take to make everyone notice him and want to be with him. The apartment fire had not been enough. His criminal actions as a youth of being a booster [someone who steals items from a store as directed by someone else] helped make people notice him. Diggory explained he was a booster, "to acquire friendships—I will go steal something somebody wanted, you know what I mean—just to make importance with me." However, these actions did not bring his family around.

Diggory remembers how he decided between ages 25 and 26 years that "acting out" was as good as his life could be. He had an epiphany that, if he became HIV positive, then "pissing them [his family] off" would remedy his years of estrangement. Only as an older adult did he come to realize that his plan lacked logic; in fact, "it backfired." He recalls, "I started seeing a change in the way they treated me." The

pivotal stages of adolescence and young adulthood became muddy with the many influences of prison life. Worse yet, prison life drummed up old memories, such as violations as a child. The abandonment he experienced as a young boy became a reality again as an adult. He rarely had family visitors when he was in prison. His HIV diagnosis only led to his further marginalization from his siblings. Now, finally as a mature adult, he said, "I am going to try to restart some type of foundation in my life now." In seeking love with a mate, he dreams of "a commitment, basically, committed and faithful." He concluded our time together by wondering if that love will ever come to be, especially now that he has HIV.

Part 2: Composite Narrative

Seeking HIV on purpose, based on retaliation, was not an effective plan for Diggory. HIV does not automatically mean family members will care, as Diggory realized. He had thought that HIV might mean that family would take notice of him; they certainly would care if he were ill, especially with HIV. HIV would confer more attention, especially because 26 years ago the outcome from HIV was more likely to be death. He could catch HIV easier than cancer, for example. His plan did not work. For Diggory, HIV elicited his family's stigmatization, much as having a different father brought him alienation.

Only after his intentional infection did he learn of his family's fear of HIV. He never imagined worsened marginalization; however, his family recoiled from him even more. HIV drove them away, and he was alienated more now than ever. Before his seroconversion, he gave no thought to anyone's fear of HIV, even though his infection

happened in 1986 when society was quite puzzled and grim regarding infection. To gain the love of his family was Diggory's only aim in seeking HIV infection, a love that—if he had felt it in earlier life—might have kept him from seeking HIV.

Natural Progression for Gay Men: One Man

Part 1: Narrative Analysis

Hakim is one of two men in this research study who is currently seeking seroconversion with HIV. Hakim tells a powerful tale about why he wants to be like all other gay men, which to him means becoming HIV positive. To Hakim, HIV is "a natural progression" for a gay man. For Hakim, the focus of his pursuit of HIV connects to his lifetime adaptation as a gay man and his adaptation to a fatal illness. He has clear recall of 1981 and how at that time he "adapted" to the news of the HIV epidemic. HIV never frightened him. "No, back in the days everything that it was then is no longer applicable now." According to Hakim HIV, "it's nothing to worry about." Remembering earlier days, all he had to do was "look for ways to cope, to combine work and pleasure." Repeatedly he referenced the need to "adapt" as humans. Hakim has always believed that HIV was nothing more than "an organism that wants to live."

Hakim (Participant 15). Hakim is age 61 years, gay, and HIV negative. He admits that he is quite "inquisitive"—a wise old man with a wild imagination. Hakim is particularly aggressive in his HIV pursuit, especially since surviving a cerebral vascular accident nearly 10 years ago (in 2003). At one point, he had no alternative but to ponder his own demise. At that time, he had to adapt to the *sequelae* of neurologic damage. Today, as a man with rich life experiences of many years, Hakim tells why he believes in

a degree of naturalness about both homosexuality and HIV to which he has had to adapt. Hakim thinks most gay men have HIV and that the mystery is figuring out who might be positive and who is not. He said, "You cannot tell who has the virus—who does have AIDS—they walk among us."

Hakim drew several links between homosexuality as adaptive to HIV and HIV as adaptive to homosexuality, which he called a "symbiotic relationship." Hakim believes in the fecundity of HIV and in its ability as a virus to mutate because of gay male sexuality and promiscuity. He believes that gay men have the ability to change many features of their lives, especially their sexual adventures, if they choose. In terms of external pressures, for example, men can adapt their opinions and embark on safe sex campaigns. If so, then HIV will "just adapt" to those behavioral changes. Hakim said, "Things have to change in the terms of how one's sexual behaviors come into play with how diseases are treated, and, if you don't look at the whole spectrum of behaviors, then something is missing."

While giving HIV a male gender and its own identification as a male person, Hakim asked about HIV, "Why should I be afraid of him? He is just going to have to adapt." He affirmed, "Yes, just evolution, everything is changing." Many diseases have adapted, according to Hakim. He philosophizes, "I know there is some kind of monkey that has the virus and they have adapted to it and that is not a life-threatening thing"; he also noted, "like sickle cell anemia… a lot of people will still carry that trait of the sickle cell thing, so now that has become evolution." He views HIV as inevitable because it was "bound to happen." He said that gay men should "abandon" the idea of taking ownership or fault for HIV; however, in no way can gay men stop the evolution of HIV.

Based on his sternly held beliefs, Hakim tells a story about why he as a gay man can share traits likely held by all gay men; thus, he ought to be HIV positive, too. According to Hakim, the gay male world is an evolving entity in which many elements are in play as he adjusts to being a gay man. In keeping with Hakim's theories, he believes he can help uncover new ways to continue to evolve and live as a gay man in the context of HIV. He described participation in the gay male community as "doing certain behaviors" and said, "It is kind of a secret kind of thing." He said that, depending on the era and the culture at the time, "We are dressed up and nobody knew that you were dressing up and nobody knew you are gay or not gay. There were little signals that one had to let one know that you were. If you are a part of community, you knew that signal."

After Hakim had a stroke in 2003, he became more determined to live life to the fullest, and HIV was merely part of his life journey. His stroke was nearly lethal, and he sees HIV quite the opposite. He said, "Oh, I feel wonderful. Even though I had a stroke, I think that was the thing for me to explore even more things." He reminded me, "They didn't think I was going to live." Now, HIV is simply part of his life exploration and it will not be lethal. He names HIV, gives it a male gender, and imagines camaraderie. HIV becomes an allele of sorts that becomes a being. Seroconverting is quite simple, he believes, and doable as part of his plan. Because, according to Hakim, "Yes, you can teach old dog new tricks," part of which means admitting to HIV's speedy evolution and its ability to respond to selective pressures; thus, so too will Hakim. He will befriend HIV, share his body with the virus, and together they can adapt. He proclaimed "I could have let him live too, if he wants to be a part of my life, but you got to let me live in order

for you to live—if I die, you die."

Part 2: Composite Narrative

In keeping with Hakim's hypothesis of HIV as evolution, evolving as a gay man means becoming HIV positive. Hakim imagines a cooperative and even predisposed mindset that all gay men are alike. From an evolutionist view, kinship with gay men includes HIV as part of how gay men evolve. It is simple, "HIV for you is part of your living, so be it." Alliances for gay men are only possible if all gay men accept the inevitability of HIV. An altruistic relationship between hypersexuality and gay men is the norm. Being HIV positive enhances a gay man's belonging to a group to which he closely is attracted. Getting HIV means to "cross over the transition." A gay male adult life is staged "in the before and the after," or, in an evolutionist terms, "the transition phase" before and after HIV. Life for gay men will become simpler after HIV, and seroconversion "alleviates all that angst and all that worry." This pursuit is customary.

HIV is bound to happen and is proverbially part and parcel of gay male identity. While HIV is scientifically known to sloppily reproduce, gay men can better their existence, if they get their infection out of the way—the sooner the better. Being HIV positive then increases a gay man's social alliance with other gay men. Transitioning to HIV positive will make gay men "become more alive" and help them overcome their HIV discordance with the gay male community. Controlling the spread of HIV is a matter of controlling the evolution of gay men, if one accepts Hakim's argument. It is hard to know how his beliefs may have been influenced by his neurologic injury 10 years previous.

Summary

These seven life patterns represent a diverse set of motivations for these 18 men to seek HIV. A few of these patterns, addictions for example, are as prominent now as 20 or 30 years ago. Similarly, so too is the desire to be loved and to connect with a lover. In both of these patterns, the addiction or the desire to be connected far outweighed the risk of having HIV. The life patterns were more powerful than HIV. Also powerful are the unique struggles of being a gay man, which for some exacerbated addictions and for others created a zest to prove a male-male lover relationship, and yet for others creates a negative feeling as though they were bad men.

For these gay men, while this group was a small, there was an enormously powerful and unyielding decision. Collectively, they had unique struggles in simply living in a society that cast contrary beliefs. How society places imposed greater restrictions on gay men, at least in these men's views, in turn, created a philosophical corollary about why seeking HIV was a fitting idea. That correlation is what these seven patterns came to represent. None of these men was willing to compromise or relinquish their own beliefs. Some found themselves in a hopeless impasse, while others were determined to not let that happen. Nevertheless, the same problems gay men faced years ago when HIV was only being discovered seem to not have changed now. Despite time, the meaning of love never changes. Actually, the desire for love, to belong, to fit in, no matter the peripheral influences, only skim the surface of how deeply influential societal views are for good, decent, gay men. Conflicted societal beliefs, stigma, and a host of other reasons changed these men. The greater problem was not HIV; rather, the greater problem was navigating HIV and navigating society as a gay man. I have come to

believe that seeking HIV was simply a prolonged, disguised reaction to these gay men being human, at least in 18 cases; it is part of human conditioning that we have complex motivations for our behaviors. Forward momentum in our greater understanding is only possible if we seek to know. I will now conclude in Chapter 7, the findings of these life stories. Doing so is the only way to appreciate with sincerity, the beauty of having a voice.

Chapter 7: Discussion and Conclusions

Summary of Findings

From the beginning, I wondered if there really was such a thing as *bug chasing*, such a man as a *bug chaser*. In wanting to understand how a *bug chaser* comes to be, I explored the lives and choices of adult gay men who intentionally sought HIV infection. To do this, I had to ask many questions about topics that are vexing and taboo. For this study, 18 men offered exhaustive examinations into their lives. Each explained why he sought HIV and how this pursuit seemed logical and reasonable. Of these 18 men, 16 men told their "success" stories in acquiring HIV, while two men still remained unfulfilled in their desire to become infected. The men in this study represent a segment of the gay male population who seek out HIV infection. While these men are often labeled *bug chasers,* one conclusion I have reached is that the label *bug chaser* is a term that does not honor the life circumstances that may bring individuals to this course of action.

The life stories and life courses of participants in this study underscore the need to learn more about men who appear on the surface to make reckless life choices, but who are actually quite purposeful and methodical in their single-minded pursuit of HIV. Although society may consider them victims due to their history of powerlessness through abuse, loss, or addiction, I came to view them as survivors based on the strength they exhibited during our interviews, and in their empowered commitments to moving forward with their lives in the face of HIV.

According to participants in this study the stigma of being gay, from complex family dynamics layered with traumatic personal histories, is particularly significant in illuminating there are severe consequences to feeling different. These notions of feeling different as an individual, worsens the feelings of powerlessness, and further segregates persons from the larger environment especially when one cannot control those differences. Race for example, was especially obvious in the chain referral sampling wherein such a large percentage of the men in this study spread word of the study in their own network. As such, this study has limited racial diversity.

Nevertheless, a linear effect became abundantly clear when considering the sensitive relationships to such attributes of life-course inherent to racial divide, a sexual identity, and intricacies of wealth or the abscess of it. I cannot minimize the complex problem of simultaneous issues and the insights gained from each man's perspective while he tried to imagine fitting in as a man of color who also happens to be gay, poor, disenfranchised, and desperate for love. At the individual level, each man articulated the connections apparent to gender, race, addictions, the desire for love, amongst a much bigger world.

Would the findings from this study been any different if he viewed himself primarily gay, who coincidently is also African American, and poor, and a man addicted to drugs and sex? What would happen if instead he was gay, Caucasian, poor, and addicted to drugs and sex? From his views, each man was especially vigilant in constantly calibrating fitting in no matter what came first even though acceptance of his gay identity was the crux of many life hurdles; each man prioritized their need to fit in, despite these many aspects. Each man would share his own antecedents to self-

management, and what leads to self-destructive behaviors. No matter what, none of the men really absolved greater society of its stigmatization and harsh judgments they imagined against them simply because he was gay. Getting HIV on purpose was part of that environment; HIV was the answer to many life hurdles.

Each man shared stories from his childhood, adolescence, and adulthood (including his sexual debut) up to the present day. For nearly all participants, talking about their families was the springboard for our conversations. They candidly spoke about multiple topics, including: (a) growing up and family dynamics; (b) societal and religious influences as gay boys/men; (c) fitting into a marginalized gay male community; (d) fitting into a straight community; (e) navigating their sexual life; (f) finding love and being loved as gay men; and (g) living in a world with HIV.

In relating their pasts, only a few men were able to recall genuinely happy memories of youth. I was amazed at how grown men could share their stories, reveal secrets, be reduced to tears, and voluntarily come back for additional interviews where the same cycle of revelation and emotional catharsis repeated itself. The men told their stories, many for the first time, of youth consumed by loss, abandonment, trauma, and abuse. Their profound stories revealed how deeply affected and broken many of these men were, and how raw and immediate the damage still was, even when years or decades had transpired since the initial damage had been inflicted.

Before the interviews began, I wondered what the life stories of gay men who sought HIV on purpose would be like. From this study I identified seven life patterns of consequence for the pursuit of HIV infection: 1) addictions, 2) connecting with an HIV-

positive lover, 3) childhood abuses, 4) secrets, 5) punishment for wrongdoings, 6) wanting connections, and 7) natural progression for gay men. Participants' stories clarified these particular life patterns leading to purposeful pursuit of HIV infection. For many, their decision was well thought out, and represented what they believed was, at that time, the only logical choice they had as gay men. Some sought the intimacy of one true love with a person who was HIV-positive. Some had lost their will to live and did not care what happened to them. Others could not deal with religious and/or societal pressures to conform and sought comfort in drugs and alcohol. When that comfort turned to addiction, their lives spun out of control and HIV became a way out. A summary of the patterns follows.

Addictions to drugs and alcohol had a stronghold on six of the men in this research. Addiction drew these men into a cycle they could not easily break, especially the men who were not comfortable with themselves. Sometimes addictions started during boyhood, like Jeremy (Participant 8) who began using marijuana at age 10 years. Sometimes, drug use in adulthood went horribly wrong (Hervey, Participant 13). Addictions allowed some of these men to become other than themselves; one participant (Jeremy, Participant 8) explained that drugs "made me feel like a new person". This is critical in understanding the allure of addiction for individuals who feel marginalized, ashamed of, or conflicted by their identity. HIV infection became the fitting end to a life made unbearable by addictions.

Connecting to an HIV-positive lover was of utmost importance to five of the men in this study. For them, HIV discordance was a barrier to true love and intimacy. Only by taking on a lover's HIV infection could they prove the unconditional love and

devotion they shared with one another. Some were infected a decade or two ago, while others more recently and even now are seeking this way of cementing their union absent societal recognition or approval for same-sex committed, loving relationships. For all the 31 years of scientific progress and HIV prevention efforts, this life pattern is still real and relevant in the gay male community.

Childhood abuse had a powerful influence on two men in this study. For Desiderius (Participant 4) and Reinhard (Participant 16), it may be difficult for them to make sense of their tortured childhoods. As they got older, their childhood patterns of sexual abuse continued well into adulthood. Their paths of destruction ended only with the coming of HIV.

Life restrictions imposed by society's norms led to big secrets for two men in the study. The weight of carrying the deep secret about enjoying sex with other men eventually became too much to carry. Secrets can imprison a person, physically, emotionally, spiritually, and intellectually. Had it not been for their conflicted worries about how they were viewed by society, these men might not have needed to fabricate images of whom they really were. With their secret lives already weighing them down, taking on HIV became just one more burden to carry.

HIV could be perceived as a punishment for wrongdoings, as it was for one participant in the study. If a person has been conditioned to believe he is "bad" due to verbal, physical, or psychological reinforcement from family, religious figures, and society, he might believe that punishment is necessary. Karan (Participant 5) supports this thesis the most. Not only did he believe he deserved punishment, but he also

believed that the only appropriate punishment for a lifetime of being "bad" was a death sentence.

The desire for love and attention from family drove one participant, Diggory (Participant 9), to HIV infection. After years of feeling unloved, unappreciated, and unnoticed by his family, his profound isolation led him to imagine that he could only gain their love and compassion by contracting HIV. He admitted that, as a child, "acted out" to get attention. And here he was, years later, upping the ante by chasing a deadly disease. I learned from Diggory that sometimes people will stop at nothing to be part of a family-—even HIV is not too much.

One participant made the case for HIV infection as a natural progression for a gay man, a kind of evolutionary theory. He believed HIV transmission would eventually happen not only to him, but also to all gay men. While his ideas may have been influenced by neurological injury since he spoke of them after experiencing a stroke, they may also represent a perspective on the inevitability of HIV within the gay male community.

Learning about these seven life patterns that culminated in purposeful HIV infection suggests that gay men's lives are at stake, beginning from the time that a boy recognizes that he is gay, through to adolescence and adulthood. Everyone's life is, at some point, influenced by the forces of society, the power of labels, and the innate human needs to be liked, to fit in, and to be cared about. What is more, some gay men might spend their entire lives seeking a balance between their own views and those cast by

everyone else. They may reach a critical juncture, depending on the patterns of their lives, when HIV infection offers saving grace, deep connection, or the way out.

Contributions to Existing Knowledge

The life stories told as part of this research bear some similarity to what can be found in the literature about "bug chasers" (see Chapter 2, Appendix A, Appendix B, and Appendix F). I now compare and contrast the literature to my findings.

Addictions

Several of the men in my study spoke about their struggles with identity and addictions. Overwhelmingly, when they struggled with identity issues, they sought something that could only be found when they were under the influence of illicit drugs or alcohol. Drugs, alcohol, and, in some cases, sexual indulgence represented methods of escape.

Going into the research, I knew that the potential for addictive behaviors existed because previous studies had validated that addictions were problematic amongst the gay male population (Grov, 2010; Halkitis, et al., 2001; Klein, 2009). As asserted by Moskowitz and Roloff (2007), it is a willingness to engage in a variety of self-destructive behaviors (drug and sexual) that serves as "a corollary" (p. 26) of escalating the sexual act. Literature that became available after the original review for this dissertation further supported that lifetime substance use and HIV sexual-risk behaviors coexist (Reback, et al., 2012). According to six men in this study, addiction played a large role in their risky sexual behaviors, and, ultimately their decisions to seek HIV on purpose. Drug use neutralized opposing beliefs about the dangers of HIV. Being high offered escape, albeit

temporary, from reality. If the men believed that using drugs or alcohol would change them for the better, then chasing the high (and the much-desired "change") became the only thing that mattered. Collectively, these men perceived their addictive behaviors to be directly linked to their pursuit of HIV. They described drug use as the means to become someone else, overcome being defeated, or numb their pain. As their lives became unmanageable, there seemed to be no alternative open to them except getting HIV. This finding may help to explain a dynamic in the connection between drug and alcohol addictions and risky sexual behaviors that, at least for some gay men, may lead to purposeful pursuit of HIV.

Connecting With an HIV-Positive Lover

Five men in this research candidly articulated ideas about using HIV to connect to a lover. These ideas draw resemblances to the work of Gauthier and Forsyth's (1999), in which controlling the fears of HIV led to relief about HIV. A willingness to forgo condom use allows partners to "regain a sense of closeness that was lost as a result of safe sex" (Gauthier & Forsyth, 1999, p. 90). As the level of commitment to the partnership increased, the originally uninfected partners in this study believed that the sign of true commitment is sharing all things, even HIV. The words of the participants substantiated the finding that there was no danger in HIV, as long as both men were infected. HIV would mean "everything" between two lovers—*I love you, and I can prove it*. Accepting a partner's HIV also means never being alone.

These participants concluded that when a gay man is ready to abandon fear and embrace freedom and unconditional love, HIV is part of the territory. HIV is just another

obstacle (in a long line of many) that the marginalized gay man has to overcome. What I learned from the five men in my study who wanted to connect to their lovers through HIV underscores the available literature noting that intimacy is a powerful motive that guides behaviors across a variety of domains like forgoing safe sex (Frost, Stirratt, & Ouellette, 2009). Further, intimacy is more than just a sexual experience; it is a key factor in the context of deciding compatibility, trust, and commitment (Frost, Stirratt, & Ouellette, 2009). In the gay male community, HIV-positive semen has come to represent "connection, trust, and intimacy" (Reynolds, 2007). It also has come to represent a factor in the sexual lives of barebackers that needs to be better understood (Holmes & Warner, 2005). As Riggs (2009) pointed out, serodiscordance can be easily overcome, and is an option available to men if they so choose. What I learned from these five men, especially Raz, affirms others' findings that assuming a lover's HIV-positive semen "completes the sexual experience" (Schilder, et al., 2008, p. 672).

Childhood Abuses

Childhood abuses have powerful lifetime impacts. So much so that according to Mimiaga and colleagues (2009), childhood sexual abuse is highly associated with HIV risk- taking behaviors. They reported that a history of childhood sexual abuse is associated with a variety of negative effects later in life, including behaviors that place a sexually active gay male at greater risk for HIV. Abramson (1992) suggested that for someone to take a risk, the fears must be relatively small. In the cases of Desiderius and Reinhard, having HIV was far more manageable for them than all their years of sexual and physical abuse and neglect. For Desiderius, exposing himself to the hazards of HIV was the only way to stop the rapes and actively ensure his own safety. If Reinhard's own

family had abandoned him, he would create a new family among the other marginalized gay men living with HIV.

Further, Arreola, Neilands, Pollack, Paul, and Catania (2008) reported that childhood sexual abuse significantly predicted negative health outcomes, such as HIV. While Brennan, Hellerstedt, Ross, and Welles (2007) reported that a history of childhood sexual abuse among gay and bisexual men correlates with alarmingly high rates of HIV for gay and bisexual men. Even though none of these studies investigated purposeful HIV infection after years of childhood sexual abuse, a significant association was seen between a history of childhood sexual abuse and unprotected anal sex. Previous research has identified many risk factors, including drug use, sexual bartering, and sex-drug relationships for gay men associated with histories of childhood sexual abuse (Brennan et. al., 2007; Arreola et. al., 2008; Mimiaga et. al., 2009).

Findings from my current study build on prior research by uncovering details of life histories that converge in purposeful pursuit of HIV infection. When gay men view HIV as a means to stop the pain from years of physical or emotional torture, we need to further explore this topic and extract lessons that can be used to prevent other victims of abuse and neglect from adopting the same mindset. We need to also know whether childhood sexual abuse might lead other men to view HIV as a safety net, as it did for Desiderius and Reinhard.

Secrets

From the knowledge gained from the men in this study, the power and influence of society on personal decision-making often create the need for secrets. The two men in

this study who felt particularly restricted by societal beliefs lived their adult lives in secret. In Fyodor's (Participant 1) case, he indicated a sense of relief when he was diagnosed with HIV. He said, "Eventually, I would become positive," thereby accepting the inevitability of HIV in his life of secrets. Similarly, Scarce (1999) suggested it was a matter of *when*, not *if*, an HIV infection would occur and as such, he underscores Fyodor's belief. Fyodor imagined the need to keep his love interests and sexual encounters secret, both leading to greater risk and ultimately HIV. The secrets-risks link is supported by what Scarce (1999) reported about disallowing honest discussion of behaviors that deviated from the norm of sex only with condoms. Secrets were in large part a backlash against fears of disclosure amongst Fyodor's intimate desires. To be true to himself, Fyodor could not be true to most other people. The relative "extremity" of gay sex (Scarce, 1999) promoted deep conflict and worsened secrets.

For Jayant (Participant 14), secrets ran deep. He had many indiscretions and anonymous encounters; he never exchanged names with partners, and never disclosed his HIV status. He was determined to keep his sexual encounters secret because he was petrified that someone in his family or church might find out about his sexual desires. Because of this, he often frequented sex venues where no one would know him. His behaviors mimic those of the men studied by Grov and Crow (2012), who frequented places for unsafe sex. Grov and Crow (2012) studied places where men would go, secretly, to have sex anonymously with other men, caring less about HIV, increasing their own and others' risk for sexually transmitted infections. They found that some sexually active gay men were using a variety of venues (bathhouses, bars, Internet connections) to maintain their secret and satisfy their need for sexual temptation. In fact, they found that

the more risky and secretive the setting, the more attractive it was to some men. Risk-related preferences parallel secrets, and secrets seem to defy safe sex initiatives (Grov and Crow, 2012).

Punishment for Wrongdoings

Karan's (Participant 5) story is a dire consequence of stigma. HIV stigma in religious organizations has been identified (Del Rio, 2011; Vasquez, 2012). According to Patterson (2012), faith-based organizations "have clearly been constrained by judgment and dogma" (p. 25). Further, she argues, "the church is more known for what it is against than what it is for" (p. 25), and this only worsens when society gets caught up in the rhetoric around "sin" and "reaping what you sow."

Karan's story is an extreme response to how he imagined himself as a sinner. For merely being true to himself, as a gay man, he believed he deserved punishment. He lived most of his life in a perpetual conflict between his gay identity and his religious convictions. O'Byrne and Holmes (2012) have studied the life patterns of individuals who imagine themselves as deserving of punishment for wrongdoing. According to them, this is a reflection of the Nietzsche ascetic ideal that enables people to impose meaning on the many unwanted, unfortunate, and undesirable outcomes of their lives. This is especially true when people recount feelings of guilt, shame, or regret for indulging in forbidden practices, like being a sexually active gay man.

O'Byrne and Holmes (2012) sought to understand contemporary health perspectives about human sexuality, drug use, desire, and partying (particularly on the gay drug circuits). They interviewed 17 self-identified gay men who reported sexual

promiscuity, attendance at circuit parties (those parties with particular emphasis in drug use and sexual adventure), and recreational drug use. They wanted to know how those infected with sexually transmitted diseases thought other people (e.g. health care providers) imagined them. Those gay men who imagined that others, including nurses, viewed them as evil infused meaning into the suffering that they deserved for their indiscretions. They believed there was no way to escape the deserved suffering that resulted from their sexual indiscretions. Karan felt like this for most of his adult life. Although his gay sexual impulses were pleasurable, he viewed them as incompatible with society's norms. So he learned how to deny himself pleasure by restriction, restraint, and self-denial. These compelled Karan to adhere to socially constructed ideals. He was able to "inject vitality into their otherwise bleak existence" (p. 12) with self-inflicted pain as suggested by the Nietzsche ascetic. The bottom line was that Karan imagined meaning in his suffering, suffering that he could not otherwise escape. HIV was supposed to be his punishment for his sins, but it was ultimately his means to redemption. He candidly said HIV might "somehow make me holy".

Wanting Connections to Family

Diggory (Participant 9) was desperately hoping to find his place in his family. The consequences of not feeling like a member of his family led to drastic behaviors. From a young age, he knew he had a problem. Diggory did precisely what Crossley (2004) suggested gay men do as symbolic acts of rebellion and transgression. Crossley evaluated the subjective meaning embedded in a "cultural psyche" of gay men pre-AIDS, during AIDS, and post-AIDS by evaluating the autobiographical and fictional narratives written by gay men over these three periods in gay history.

Crossley (2004) suggested that when gay men's freedoms were retracted, they retaliate in response, and in ways that can be considered extreme. Diggory's story substantiates Crossley's findings, as Diggory admitted to contracting HIV on purpose "to piss off his family", even though that plan eventually backfired.

I draw attention to these similarities because the subjective meanings of abandonment and isolation prompted Diggory to act out in drastic ways. In keeping with Crossley's (2004) suggestion of transgression habitus, what Diggory did to get attention from his family was a spinoff of what rejected lovers might do – act out. In analyzing what compelled Diggory to act out, there are roles for both resistance and transgression. To this end, I drew similarities to Diggory's actions as a repetition of the psychological conflicts he continually struggled with. These responses prevailed in all three phases of his decision-making: 1) recognizing his isolation; 2) devising a plan of retaliation; and 3) successfully implementing his plan.

Diggory never actually lost something, like a romantic love. Instead, he imagined that he was unable to attain what he was entitled to, namely the equal love that all of his siblings received from his parents. His jealousy would eventually outrage him to the point of retaliation against the entire family unit. He was determined to circumvent not having something, which, it could be argued is no different from resistance habitus (Crossley, 2004).

Natural Progression for Gay Men

Hakim's (Participant 15) story stands alone. His reasons to seek HIV are different from all of the other men in this research. To my knowledge, there are no studies

investigating the concept of HIV as a natural progression in gay men's lives. However, homosexual mating preferences from an evolutionary perspective, as also suggested by Hakim, add some reference points to an understudied idea. According to Gobrogge et al. (2007), studies in evolutionary psychology and sexual selection theory that heterosexual men ascribe, differ from homosexual men. Homosexual men they report seek partners not because of the potential to procreate; rather homosexual men seek compatibility for very different reasons, for example social levels of companionship, as opposed to their heterosexual counterparts. Gay men exhibit different mating preferences, and in Hakim's case, this naturally includes HIV; companionships are more aligned with men of similar ages and in similar places in life (e.g. age, career, had children), and similar health. Yet, we still know very little about evolutionary psychology and gay male relationships.

Strengths and Limitations

Of course, there are limitations to the understanding one can take from these findings. First, this research only represents the lives of a small group of men from one geographic area, many of whom were of similar race and socioeconomic circumstances. I do not infer a representation of all gay men who have intentionally sought to become infected with HIV. However, I do infer now having a rich understanding of these18 men's lives, and the life stories explain why they sought, or currently seek HIV on purpose. These men, for the most part, were similarly situated. As such, this contributes to a disproportionate data gained from men within his chosen network- merely because of word-of-mouth. I did not omit opportunities for others to join. Although, this unevenness represented deep personal truths from a small group of men who told their life stories of seeking HIV on purpose, and who knew they could safely share their

secrets. Nevertheless, this research opens to the more grand idea of designing ways to spread word outside the demographic found in this study. Expanding the geographic area covered and the number of men engaged could be valuable for future research.

The individualized nature of the data collection makes it impossible to know how men who have purposely sought HIV might talk with one another about it. However, the comfort and relief many experienced in telling their stories to me suggest the possibility that focus groups might be part of the design of a future study, allowing one to derive collective wisdom about the phenomenon.

Second, from the outset of this research design, I imagined the call to participate was going to be attractive to younger men, specifically those men who had no recall of the HIV crisis of the mid-1980s and early 1990s. As such, I imagined a man who sought HIV on purpose might be the same man who views HIV as nothing to be afraid of (Gauthier and Forsyth 1999, Scarce 1999). Newer HIV treatments (Scarce, 1999), coupled with a younger male demographic that does not necessarily voice fear of HIV, might have given birth to a newly emerged sexual proclivity of unprotected sex despite HIV transmission (Holmes & Warner, 2005). Ultimately, I imagined the typical bug chaser to be younger and just discovering their sexuality in a world where HIV is viewed as part of the gay landscape.

Instead, I learned with profound respect, the stories of older men who lived through the initial HIV crisis in their youth, emerged unscathed, and pursued the infection. Their desires to have a voice were abundant. At the same time I learned the power of trust, networking amongst a common people, and how when given the

opportunity to share and elaborate one's life story, this can open researcher's to rich learning. There is undoubtedly much to learn from a small group of men whom spread word that a safe place exists to come tell their stories.

While I tried to be self-reflective in generating knowledge from this study, my assumptions may have also limited my design or analysis. I know now I have the added responsibility to form a wider lens, by which I might design improved studies. Continued attempts to reach younger men outside of the African American population, yet amongst gay men, will contribute to understanding the scope of the phenomenon of seeking HIV on purpose. Design strategies must consider the power of in-network chain referrals, while knowing that a greater reach has to be considered.

Third, while repeated data collection strengthened this study, a prospective design that follows men over a much longer period would provide greater longitudinal depth. With each meeting, the depth and richness of participants' narratives increased. Participants became more comfortable with me, trust was built, and I had many opportunities to have them validate or clarify my interpretations. This was a continual reflective process. Therefore, with a study that followed men over many months or years, to examine changes over time, overall could strengthen another study.

Likewise, research that explores opportunities for early intervention and early recognition of struggles cannot be underestimated. For example, a boy's acceptance of his gay identity before he turns to drugs and or alcohol to cope would be a champion initiative. This research only introduces much bigger ideas. We need renewed efforts to

screen for childhood abuse; we need to discover ways to to assist gay boys and men in seeing life options and opportunities that do not include HIV infection.

Lastly, as the author and researcher, I had the privileges, many for the first time, in hearing about the life stories that lead up to seeking HIV on purpose. At the same time, however, my selection of excerpts and my interpretation of those life stories were intentional designs by me. Despite a continual reflective process, what I reported in this dissertation is by no means deemed as the participant's last or final word. Context is important when it comes to understanding and addressing the multiple aspects that scaffold a life story of gay men whom sought HIV on purpose.

Implications for Nursing Practice

As nurses, we are protectors of our patients, regardless of the magnitude of their differences. We have professional obligations to never waiver in our commitment to provide care without bias. We have huge obligations to avoid *othering* (Canales, 2010). The results of this study are especially significant because they reinforce that many marginalized members of society resort to hiding their truths because of the incongruity with viewpoints of the majority. Only when individuals are given a nurturing, nonjudgmental environment can they be expected to share what they have spent a lifetime trying to suppress. In the nursing profession, there are always challenges in ministering to marginalized members of society. Traditional diversity training may reinforce the need for nurses to respect the differences in their patients. Yet treating men who seek HIV presents a unique challenge. If one of the goals of the nursing profession

is to support a patient's health, how can that coexist in a segment of individuals who actively pursue sickness and refute professional advice to minimize risky behaviors?

As an advanced practice nurse working with a large HIV patient population, I believe I am already sensitive to recognizing differences and embracing diversity, but even I have learned much more at the conclusion of this work. I came to learn that there are profound risks associated with being marginalized. Members of society typically conform when something has been rigidly inscribed in the society ethos. For example, strident opposition to homosexuality and viewing HIV as a gay man's disease are still pervasive in many communities, even among some who work in the health care system. I challenge all nurses to examine their beliefs about men like those I interviewed, and to find the means to neutralize any contempt or judgment if it exists. Singling out gay men who seek HIV infection and excluding them from compassionate care not only endorses homophobia but also threatens the heart of the nursing profession.

The field of HIV prevention stands to benefit from findings like those offered by this research. Much of what I learned came from understanding lives after they were already compromised. Early recognition of the obstacles and risks encountered by men like those in this study, and the boys they once were, is paramount. Assessing, naming, and intervening in childhood abuse and neglect, bullying, addictions, homophobia, and societal, church, and family exclusion of lesbian, gay, bisexual, and transgendered (LGBT) persons are imperative. Sadly, tolerance for gay male communities is not universal, and barriers and stigma do persist. In keeping with the beliefs learned from these 18 men, fear on many levels about acceptance of a gay identity, is far from being fully understood.

Implications for Policy

Findings from this study shine light on a hidden human tragedy, the purposeful pursuit of HIV infection. Until we understand and intervene in the complex of mental health, addiction, child abuse, stigma, and other problems burdening gay men who see intentional HIV infection as a means to an end, this deleterious practice will continue. The broadest and most long-lasting remedies are structural, requiring national will to acknowledge and act to increase funding and services in these areas. Addictions, both drug and alcohol as well as sexual, all requires astute surveillance, from a very early age. Policy initiatives that require screening from within health care settings, is only one place to start. It is not too late to demand resources for prevention and screening programs that would shape policies aimed at understanding individual-level feelings of shame, that later lead to imagining HIV as the answer to some community-level shame, such as belonging to the gay male community.

Restoring adequate funding for public health and social service infrastructure is essential after decades of decline. Policy initiatives to strengthen funding for HIV research and HIV prevention and care are necessary given the persistence of new infections in the United States. Federal spending for Domestic HIV/AIDS Programs and Research has essentially leveled off. Spending, in millions, has been reported as: $20,557.7 in year 2011; $21,290.8 in year 2012; and $22,253.3 in year 2013 in U.S. dollars (available at http://aids.gov/federal-resources/funding-opportunities/how-were-spending).

In recalling their young adult lives, many of the men in this study spoke of a layered shame all because they were gay. They spoke of the HIV crisis and their recall of

the government being slow to respond to the HIV crises because "it was a gay thing" (Halim, P15). Further, Hakim also argued, "if you don't look at the whole spectrum of things, then something is wrong" – this includes policy initiatives. Scientific and policy progress is fundamental to solving pressing health issues like HIV. We must consider policy ways to shift our understanding from illness to wellness, including the marginalized people that make up the United States. Policy initiatives are first line maneuvers to help gay men live better lives. There are no structural settings not touched on by gay males, including religion, medicine, nursing, and the law. In essence, policy initiatives must envelope all men, all people, across the life span, to not miss gay people. Policy must represent a concerted effort even though HIV is now considered a chronic illness.

Despite the stark disparities amongst gay men, as we enter the fourth decade of HIV, the ravages of the past and the history of HIV/AIDS must be viewed as precisely the reason to design legitimate policy interventions to improve health care for gay men. The entire focus of the 2010 National HIV/AIDS Strategy (http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf) centered on reduction of new HIV infections, increasing access to care, and to reduce the HIV-related disparities. The initiative includes many hardy goals one of which aims to increase the proportion of gay and bisexual men, who know their HIV status, by 2015.

This research introduces the question, how might we come to discover gay men who sought HIV infection on purpose? The overall vision of the National HIV/AIDS strategy, states,

> The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

All the while, it also aims to expand targeted efforts to prevent HIV infection. From this research, even still, we know this honorable effort has a long way to go. To the best of my knowledge, this effort ask nothing specifically about a *bug chaser*, nor does it even wonder, if men become infected with HIV on purpose. Hence, it is only the tip if a large iceberg. Admitted in the initiative, they argue that one approach lacks rigor by itself, thus a public health approach is timely, and critical. We must intensify our policy efforts in HIV especially where HIV continues to hit most heavily – amongst gay men.

Implications for Queer Theory

Queer theory ideally positioned me to design, implement, and analyze this research. Given what I believe about the destructive nature of labels, queer theory worked best. During the third interview session, discussions ensued about the power of labels. Not one of the 18 men interviewed imagined any benefit to assuming, or accepting, any label. All 18 men found labels, and the social structure of labels, restrictive and damaging. Their beliefs reinforced choosing queer theory as the framework for this study. If we as a society are able to obliterate the destructive nature of labels, we will be better positioned to see people for their true selves and not what others believe they should be. Only by imagining a less rigid belief system can we see unlimited honesty and fewer secrets. The study of gay men who sought HIV on purpose

required the freeing mindset that queer theory could provide; it would also be the relevant framework for any future studies in this area.

Final Reflections

Learning from and about men like those who participated in this study helps one recognize that all gay men have valuable life stories to tell. In no small part, the stigma these men faced in deviating from heterosexual normativity affected their choices to seek HIV infection, with profound repercussions that will be with them for the rest of their lives. Turning away from these men because their behavior shocks or offends us means that their needs go unmet, and more boys and men will continue to struggle as they have, perhaps chasing HIV as the solution to their difficulties. This ending to the story is not one I can tolerate.

This research has changed me. I believe I have grown from it, and now, more than ever, respect the power of difference. I am indebted to the men who allowed me the opportunity to hear their life stories. What the men in this study shared with me is humbling. I am inspired to continue my HIV research and practice, and to always aim to uncover hidden meanings and motivations beyond the glaring issues. I believe I have met my goal of arriving at a deeper understanding of the life histories of gay men who purposely seek HIV infection, as well as the circumstances that may motivate their actions. Through narrative inquiry their voices have shed light on the many symbolic and material dimensions of seeking HIV on purpose, including the meanings that are not so self-evident even to those who, like me, identify as a member of the gay community. These methods got below the surface to the souls of the men who bravely stepped

forward to narrate their intentional pursuit of HIV. And this knowledge and understanding can only positively impact the overall health care of gay men today, tomorrow, and in the future.

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Appendix A: Review of the Popular Media

Year: Author	Title and Media Type	Publication Source and Distribution	Intended Audience	Purpose	Key Points	Conclusions
1997: Peyser & Roberts	"A Deadly Dance"; print magazine article	*Newsweek* magazine, New York, NY; general population news magazine distributed throughout the United States and internationally	General public	Reports the decline of AIDS cases and subsequent return of unsafe sex for gay men	With the decline of AIDS-related deaths due to HIV drugs, and adherence with safe sex messages, the awareness of barebacking becomes mainstream	A recognizable conflict now exists between health care providers and limited sexual expression for gay men; return to previous sexual behaviors can have catastrophic consequences.
1997: Bergling	"Riders on the Storm"; print magazine article	*Genre* magazine, Los Angeles, CA; lesbian, gay, bisexual, and transgendered (LGBT) lifestyle magazine distributed throughout the United States and internationally	LGBT; lifestyle coverage on entertainment, travel, political issues, spirituality issues, home design, healthful living	Recent interviews with sexually active gay men and with health care professionals on concerns of abandoning safe-sex practices in view of advances in HIV medicine	Alerting readers to misconceptions of advancements in HIV care and the conflicts in human behavior regarding unsafe sexual activity	Physicians and public health professional must revisit their position of instilling fear for management of HIV and understand change within the HIV epidemic
1998: Rofes	*Dry Bones Breath*; print book (352 pages)	*Harrington Park Press,* New York, NY; retail sales throughout the United States and internationally	General public and adult audience with emphasis for gay men, heath care workers, and researchers Focus on original interpretation of gay men's shifting experiences with the HIV epidemic and changes in sex practices after successes of HIV medications	Reviews life in context of HIV for gay men, arguing for a movement to support aggressive research about their risk-taking, while refusing to stigmatize gay men because of priorities diverging from the norm	Conflict between AIDS organizations and gay communities since advent of HIV will continue, with focus on sexual freedoms within context of HIV	Erotic adventures of gay men are not sick, immature or vestiges of a bygone era rebuked by AIDS, rather they are brave innovators ever-expanding the possibilities of intimacy and sexual play, especially, in the context of risks

1999: Scarce	"A Ride on the Wild Side"; print magazine article	*POZ & AIDSMEDS* magazine, New York, NY; sales throughout the United States and internationally	Public interest, health care worker interest Focus on HIV/AIDS news, treatment information, forums, blogs and personal ads, chronicles people affected by or living with HIV/AIDS ;references print and Internet resources	Reports nonscientific activities of an HIV/AIDS prevention activist who seeks to understand barebacking in response to 1997 Peyser & Roberts article; reports on his own experiment of determining the actuality of unsafe sex encounters	The gap between public health prevention messages and gay men's private behaviors is reaching a level of concern, and barebacking is a reality for this group	Reporter experienced a sense of being overwhelmed by observing unsafe sex without limits, the lack of critical thinking, and short-sited hedonism
2003: Hogarth	*The Gift*; film documentary (DVD format)	*Dream Out Productions;* Los Angeles, CA. General Audience distribution, available for retail purchase	General adult audience, health care, LGBT, and HIV researchers	Focuses on bug chasing and HIV/AIDS prevention messages; chronicles several men identified as "bug chasers"	Bug chasing is a reality that overrides the general understanding of the intentional act of seeking to become HIV positive	Alerts the general audience to the reality of bug chasing, at least in this small defined group; little remains known about the meaning behind this act
2003: Freeman	"In Search of Death"; print magazine article	*Rolling Stone Magazine*; San Francisco, CA; active website	General audience, general entertainment, focus on music, liberal politics, and popular culture	Reports the act of spreading or seeking HIV, chronicles select interviewees, describes the Internet's role in bug-chasing phenomenon	Describes an intricate underground of men in pursuit of HIV infection and key role of the Internet for this pursuit	Small numbers of men are intentionally seeking HIV though unsafe sexual encounters
2003: Sullivan	"Sex- and Death-Crazed Gays Play Viral Russian Roulette"; print magazine article	*Salon Magazine*; online magazine with content updated daily on weekdays.	Focuses on domestic politics and current affairs; reviews and articles on music, books and films	Rebuttal to Freeman (2003) article	Argues most disclosures in the Freeman article are unsubstantiated and are only hysteria wrapped in homophobia and HIV-phobia	Signifies the conflicts within the popular press, claiming unbelievably shoddy journalistic work by Freeman

2004: Lisotta	"Return of the Bug Chasers;" print magazine article	*Advocate* magazine; Los Angeles, CA; distributed throughout the United States	LGBT; focus on news, politics, opinion, and arts and entertainment of interest to LGBTs.	Discusses return of debate on unsafe sex and AIDS following release of *The Gift* (Hogarth, 2003)	As AIDS crisis matures, new factors arise (e.g., increased rug use, young men not viewing AIDS as a health threat); society is not positioned to mandate acceptable behavior	No simple conclusion is possible about the balance between choice, participating in unsafe sex, HIV disclosure, and realities of living with HIV
2009: Dean	*Unlimited Intimacy: Reflections on the Subculture of Barebacking*; (237 pages)	University of Chicago Press, Chicago, IL		Anthropological understanding of different sexual cultures; reports conflicts in wellness, living among a sexually active gay male population, and ability to live despite HIV	The risks of intimacy are more profound than the risks of disease	Some sexual unsafe acts (e.g., barebacking) give physical form to what should be understood as an ethical disposition; for those committed to bug chasing, attest that the pleasure and satisfaction achieved through becoming HIV infected is both life transforming and worth it the risks

Appendix B: Review of the Empiric Literature

Year: Author	Title	Journal	Methods	Sample	Purpose	Key Findings	Conclusions
1999: Gauthier & Forsyth	"Bareback Sex, Bug Chasing, and the Gift of Death"	*Deviant Behavior*	Examination of Internet websites, chat rooms, mailing lists, and personal ads devoted to barebacking and bug chasing, compared with available literature	Exploratory; sample size not noted; based on an availability sample of Internet postings	Examine previously unknown sexual deviance called *barebacking* and *bug chasing* as published in Internet ads; attempt to explain the meanings for these postings	Identifies several key reasons why some gay men engage in unsafe sex, even to the point of seeking HIV infections	Four lines of explanation emerge from literature and Internet data framing future studies that seek to explain bug chasing as a sociological form (versus normal or pathological) of sexua expression
2002: Crossley	"The Perils of Health Promotion and the 'Barebacking' Backlash"	*Health*	Reviews Internet ads to evaluate development of discourse specifically referring to unprotected anal intercourse to offer deeper explanations that connect health, individuals, and their social worlds	Individual interviews with 38 different agencies providing support for gay men; in-depth interviews with 23 gay men; parallels drawn with Internet postings	Identify the true meanings of sexual practices connected to psychosocial realities of contemporary life among gay men to identify discourse of resistance to health promotion	Questions whether health education and health promotion directed specifically toward gay men's sexual activities have influenced change	Contemporary attempt to change gay men's sexual practices by relying on education is largely inadequate; safe-sex messages provide little to no value in motivating behavior changes; narratives and lay explanations currently abound that some gay men are increasingly willing to risk their lives with unsafe sex
2003: Halkitis, Parsons, & Wilton	"Barebacking Among Gay and Bisexual Men in New York City: Explanations for the Emergence of Intentional Unsafe Behavior"	*Archives of Sexual Behavior*	Cross-sectional, brief, street-intercept surveys	518 men surveyed at numerous venues ; single-page, two-sided questionnaire; average 8 minutes to complete	Assess the frequency of self-reported barebacking behavior among gay and bisexual men; potential reasons that barebacking is emerging	Surveyed suggested numerous psychological and emotional benefits associated with barebacking	Feelings of connectedness, intimacy, and masculinity are hallmark benefits suggested for unsafe sex practices; also reported are

							sociological elements such as club drug use; emotional fatigue with HIV; Internet's role in fueling barebacking phenomenon
2003: Tewksbury	"Bareback Sex and the Quest for HIV: Assessing the Relationship in Internet Personal Advertisements of Men Who Have Sex With Men"	*Deviant Behavior*	Assessment of Internet profiles on one specific website catering to men interested in bareback sex All profiles during a 1-week period of January 2003 were included for ads from men in the United States	880 ads were used, coded, and entered into SPSS; cross tabulation of profiles to compare HIV+ and HIV– men; logistic regression analysis of profiles to predict individuals seeking HIV+ men	Assess a sample of Internet profiles of barebackers and determine if they were true bug chasers or gift givers	Many men are indifferent regarding HIV status but a wide variety of men use the Internet to seek bareback sex	Despite the small amount of literature authenticating bug chasers to barebackers interest in sex and active pursuit of HIV appear unrelated The idea of men looking for HIV+ others for the sole purpose of becoming infected with HIV is unfounded
2004: Carballo-Dieguez, Bauermeister	"'Barebacking': Intentional Condomless Anal Sex in HIV-risk contexts. Reasons for and Against It"	*Journal of Homosexuality*	Content analysis of Internet message boards postings subsequent to closing of a gay website bareback chat room	Content analysis of 130 messages posted about either for or against barebacking Analysis with QSR NUD*IST Vivo, and then independent review of text by both authors	Discover implications suggested by behaviors and sexual practices noted on the Internet to formulate categories and themes	Chat rooms and message boards are popular among gay Internet users; most messages suggested those participating are well informed about HIV and unprotected bareback sex	Points out need for further scientific inquiry and critical need to better understand arguments for and against barebacking

2004; Crossley	"Making Sense of 'Barebacking': Gay Men's Narratives, Unsafe Sex and the 'Resistance Habitus'"	*British Journal of Social Psychology*	Examines cultural repertoire pre-, during, and post-AIDS within fictional and autobiographic sources to clarify how contemporary unsafe sexual practices are a continuation and repetition of psychological conflict since before and after AIDS	Selected text chosen to illustrate issue of gays men's resistance as one means of understanding further depth in relation to concept of resistance	Uncover potential for hostile and skeptical stance towards continued relentless efforts of health promoters	Questions development of a gradual and symbolic act of rebellion and transgression of which some gay men are not consciously aware	Some gay men may be drawn to a psychological feeling of rebellion against dominate social values which in turn creates a sense of freedom, independence, and protest
2004: Grov	"Make Me Your Death Slave: Men Who Have Sex With Men and Use the Internet to Intentionally Spread HIV"	*Deviant Behavior*	Analyzes personal ads of an Internet website solely devoted to bareback sex among men who have sex with men	81 profiles of individuals with overt interest in spreading HIV analyzed using keyword searches (e.g. *bug*, *spread*, *breed*, *seed*, *gift*). The matched profiles were subsequently analyzed for content linked to two theoretical paradigms (social learning theory & labeling theory)	Depart from medical approach to deviant behavior to better explain unsafe sex to spread HIV by linking profiles of ads specifically intended to spread HIV and the continuing network between men who post ads	Based on work of Tewksbury (2003) to identify 55 original profiles overtly displaying some form of intentionally spreading HIV	The intentional spread or even desire to transmit HIV has been largely overlooked in the academic literature Both social and labeling theory offer adequate arguments to better understand barebacking behaviors
2006: Grov & Parsons	"Bug Chasing and Gift Giving: The Potential for HIV Transmission Among Barebackers on	*AIDS Education and Prevention*	Exploratory descriptive analysis	Reviews 2-day period in 2004; 1615 profiles of bug chasers and gift givers from a barebacker website	Explore: 1) bug chasing and gift giving as an emerging phenomena and, 2) extent to which each	Results: 45% (*n*=551) identified exclusively as *bug chaser*,; 29.4% (*n*=361) identified exclusively as *gift*	Despite the sample of profiles, bug chasers and gift givers are still not understood and adequate outreach has

	the Internet"			downloaded; site allows member to state status as a *gift giver* or a *bug chaser* in profile	has manifested	*giver* ; 25.7% (*n*=316) indicated they were both	yet to be appreciated
2007: Graydon	"Don't Bother to Wrap It: Online Gift Giver and Bugchaser Newsgroups, the Social Impact of Gift Exchanges and the 'Carnivalesque'"	*Culture, Health & Sexuality*	Within typology based on meaning and effect of exchanging gifts, gift theory frames comparative narrative analysis of web postings	Assessment of 547 messages posted online over 5- year period; downloaded from 17 publicly accessible gift giver newsgroups	Considers how gift giving and bug chaser messages on Internet mobilizes the language of gifts	Ontological narrative in which HIV, as *the gift*, promotes social bonds, creation and maintenance of self-identity and social roles, and meanings of particular goals	Relying solely on online messages about the authentic nature of bug chasing and gift giving makes conclusions impossible; however, talk about HIV as a gi is ongoing and offers view of ways of thinking about HIV that are not fully understood
2007a: Moskowitz & Roloff	"The Existence of a Bug Chasing Subculture"	*Culture, Health & Sexuality*	Quasi-randomized survey of personal web profiles, comparing bug chaser to barebacker profiles with exploratory factor analysis to determine whether a bug chasing subculture is indeed real and to what degree	Review of 284 profiles from website exclusively for barebackers Those profiles selected were from those most actively used within the website	Two primary aims: 1) Answer whether are bug chasers and barebackers distinguishable; 2) attempts to authenticate the bug chaser	Confirms that bug chasers can be distinguished from barebackers; and that bug chasers are real and are either ardent or apathetic chasers	The bug chasing/barebacking culture remains filled with ambiguity, certainty versus uncertainty, and urgen need for studies beyond analysis of Internet profiles
2007b: Moskowitz & Roloff	"The Ultimate High: Sexual Addiction and the Bug Chasing Phenomenon"	*Sexual Addiction & Compulsivity*	Quasi-randomized survey of personal web profiles, comparing bug chaser to barebacker profiles with an exploratory factor analysis to determine whether a bug chasing subculture is reflects	Review of 284 profiles from website exclusively for barebackers.	Bug chasing is symptomatic of sexual addiction and bug chasers are more likely than barebackers to show signs of sexual	Sexual behaviors and the interplay between psychological and behavioral measures (e.g. self-humiliation) of	The precise translatior between behaviors, sexual self-concept, and addiction remains nebulous at best; findings suggest a strong and undeniable

			sexual addiction Ordinal and interval data were analyzed using *t* test	Profiles selected were those most actively used within the website	addiction	sexual addiction is not well understood; myriad variables exist among bug chasers and barebackers	link between the three
2008: Beckerman, Heft-LaPorte, & Cicchetti	"Intentional Seroconversion in the Gay Community: The Social Work Role in Assessment and Intervention"	*Social Work in Health Care*	Exploratory qualitative inquiry; 100 letters and questionnaires sent to a convenience sample of 10 HIV social workers asked to distribute the recruitment letters	24 men articulated their purposeful intent to become HIV positive	Identify what motivates a man to intentionally seroconvert	Once identified as motivators, sex educators and therapists providing counseling to gay men, may be better equipped to effectively identify clients at risks for intentional HIV infection	Identifies causes of intentionally seeking HIV: 1) emotional fatigue; 2) HIV+ positive partner; 3) homophobia/heterosexism; 4) depression; 5) expecting to become HIV+

Local HIV Research
Opportunity

For information or to sign up,
please contact Tom Loveless,

1. Are you a gay man?
2. Are you living with HIV, or, view living with HIV as an expected norm in the gay community?
3. Do you now or did you ever, imagine actively looking to becoming HIV positive?

Answer "yes" to all of these three questions? You might be eligible for a new study through the University of Wisconsin-Milwaukee, College of Nursing and a Philadelphia PhD student looking at living with HIV for gay men and their path to becoming HIV positive.
Thomas J. Loveless, MSN, CRNP, *Doctoral Candidate* is the Principle Investigator. He is looking for gay men who are either HIV positive and infected on purpose, or who are gay men currently looking to become HIV positive on purpose.
The highly confidential study requires 3- one hour interviews – once a month for 3 consecutive months.

Participants will be compensated for their time.

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New Study - Notice of IRB Expedited Approval

Date: November 30, 2011

To: Patricia Stevens, PhD
Dept: College of Nursing

Cc: Thomas Loveless

IRB#: 12.175
Title: Bug Chasing: Gay Men and the Intentional Pursuit of HIV - A Narrative Analysis

After review of your research protocol by the University of Wisconsin – Milwaukee Institutional Review Board, your protocol has been approved as minimal risk Expedited under Category 6 and 7 as governed by 45 CFR 46.110. Your protocol has been granted approval to waive documentation of informed consent as governed by 45 CFR 46.117 (c).

In addition, your protocol has been granted **Level 3** confidentiality for Payments to Research Subjects per ASM Policy: 2.4.6.

This protocol has been approved on **November 30, 2011** for one year. IRB approval will expire on **November 29, 2012**. If you plan to continue any research related activities (e.g., enrollment of subjects, study interventions, data analysis, etc.) past the date of IRB expiration, a continuation for IRB approval must be filed by the submission deadline. If the study is closed or completed before the IRB expiration date, please notify the IRB by completing and submitting the Continuing Review form found on the IRB website.

Unless specifically where the change is necessary to eliminate apparent immediate hazards to the subjects, any proposed changes to the protocol must be reviewed by the IRB before implementation. It is the principal investigator's responsibility to adhere to the policies and guidelines set forth by the UWM IRB and maintain proper documentation of its records and promptly report to the IRB any adverse events which require reporting.

It is the principal investigator's responsibility to adhere to UWM and UW System Policies, and any applicable state and federal laws governing activities the principal investigator may seek to employ (e.g., FERPA, Radiation Safety, UWM Data Security, UW System policy on Prizes, Awards and Gifts, state gambling laws, etc.) which are independent of IRB review/approval.

Contact the IRB office if you have any further questions. Thank you for your cooperation and best wishes for a successful project

Respectfully,
Melissa C Spadanuda
Melissa C. Spadanuda
IRB Administrator

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Continuing Review - Notice of IRB Expedited Approval

Date: November 29, 2012

To: Patricia Stevens, PhD
Dept: Nursing

Cc: Thomas Loveless

IRB#: 12.175
Title: Bug Chasing: Gay Men and the Intentional Pursuit of HIV - A Narrative Analysis

After review of your research protocol by the University of Wisconsin – Milwaukee Institutional Review Board, your protocol has received continuing approval as minimal risk Expedited under category 6 and 7 as governed by 45 CFR 46.110.

This protocol has been approved on **November 29, 2012** for one year. IRB approval will expire on **November 28, 2013**. If you plan to continue any research related activities (e.g., enrollment of subjects, study interventions, data analysis, etc.) past the date of IRB expiration, a Continuation for IRB Approval must be filed by the submission deadline. If the study is closed or completed before the IRB expiration date, please notify the IRB by completing and submitting the Continuing Review form found on the IRB website.

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Contact the IRB office if you have any further questions. Thank you for your cooperation and best wishes for a successful project

Respectfully,
Melissa C Spadanuda
Melissa C. Spadanuda
IRB Manager

Appendix F: Suggested Bibliography

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bisexual men in the age of AIDS. *Journal of Gay and Lesbian Psychotherapy, 9*(3–4), 49–72.

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Zanghellini, A. (2009). Queer, antinormativity, counter–normativity and abjection. *Griffiths Law Review, 18*(1), 1–17.

Zimmerman, B. (2007). A lesbian–feminist journey through queer nation. *Journal of Lesbian Studies, 11*(1–2), 37–52.

Ventuneac, A., Balan, I., & Carballo-Dieguez, A. (2012). Inner contradictions among men who bareback. *Qualitative Health Research, 22*(7), 946–956. doi:10.1177/1049732312443592

CURRICULUM VITAE

Thomas James Loveless, MSN, CRNP, Doctoral Candidate
Yardley, PA 19067

EDUCATION

PhD Nursing- Doctoral Candidate April 2010 –University of Wisconsin –Milwaukee
Data Collection Completed
PhD Dissertation Defense Anticipated 2013
Post-Masters Certification – 2006-Nursing Curriculum –Thomas Jefferson University
Master of Science in *Nursing* – 2002 Thomas Jefferson University
Primary Care Adult Nurse Practitioner – 2002 Thomas Jefferson University
Bachelor of Science in *Nursing* – 2002 Thomas Jefferson University
Nursing Diploma -1995 Helene Fuld School of Nursing – Registered Nurse
Associate in Science Degree -1995 Mercer County Community College

PROFESSIONAL EXPERIENCE

Academic Experience:

08/2012 – Present	Assistant Professor – Holy Family University, School of Nursing & Allied Health Professions
08 / 2010 – 06/2012	Graduate Faculty Jefferson School of Nursing Coordinator – Adult Nurse Practitioner Program
11 / 2007 – 08/2010	Graduate & Undergraduate School Faculty – Thomas Jefferson University, Jefferson School of Nursing Dual Appointment: Director- Simulation and Clinical Skills, Jefferson School of Nursing & Associate Director – University Simulation – Thomas Jefferson
08 / 2005 – 11/2007	Faculty Instructor - Coordinator - Simulation and Clinical Skills, Jefferson School of Nursing
05 / 2003- 08 / 2005	Adjunct Clinical Faculty Critical Care Thomas Jefferson University, Jefferson School of Nursing

Clinical Experience:

12 / 2002 - Present	Adult Nurse Practitioner Infectious Disease Associates, P.C. Adult Infectious Diseases and HIV Care
01 / 1995 – 09 / 2004	Capital Health – Helene Fuld Medical Center Registered Nurse – Emergency / Trauma

Industry Experience:

05 / 1998 – 08/2005	Independence Blue Cross

Senior Technology Evaluation Coordinator – Medical Policy
HIV Nurse Case Manager – Patient Care Management
Onsite Utilization Review Nurse – Patient Care Management

CERTIFICATION

American Academy of Nurse Practitioners – Adult Nurse Practitioner – Certified Until 2014

LICENSURE

Pennsylvania Professional Registered Nurse
Pennsylvania Certified Registered Nurse Practitioner, Adult Health
Florida Registered Nurse
Prescriptive Authority – DEA Certified

HONORS AND AWARDS

2012	University of Wisconsin-Milwaukee: Chancellors Award - $2000.00
2011	University of Wisconsin-Milwaukee: Chancellors Award - $1500.00
2010	Thomas Jefferson University – Jefferson School of Nursing: Distinguished Alumni Leadership Award
2010	University of Wisconsin-Milwaukee: Chancellors Award - $1500.00
2009	University of Wisconsin-Milwaukee: Chancellors Award - $3000.00
2008	University of Wisconsin-Milwaukee: Chancellors Award - $5000.00
2007	University of Wisconsin-Milwaukee: Chancellors Award - $5000.00
2005-2006	Strathmore's ***WHO'S WHO*** – Recipient for Leadership and Achievement
1995	Helene Fuld School of Nursing – Commitment, Participation & Leadership in School and Class Activities

GRANTS

2008	Jefferson School of Nursing- PA Nursing Education Initiatives: Simulation Technology Coordinator Grant: $50,000.00, Co-investigator. PI: Margaret Mary West.
2007	Thomas Jefferson University – Jefferson School of Nursing: Seed Money Award: $2500.00– A Focus Group Exploration About HIV, Patient Perceptions and Self-Care.

2006 Sigma Theta Tau International Honors Society of Nursing and the Association of Nurses in AIDS Care: Non-Funded: Informing Someone They are HIV Positive – A Focus Group Exploration About Patient Perceptions and Self-Care.

PUBLICATIONS

Loveless, T.J. (2010) (In Press). Nursing Interventions Classifications (NIC) 6th edition. Guideline #6550: Infection Protection. University of Iowa NIC Review

Loveless, T.J. (2010) Senior Consultant. **In** J. Studdiford, M. Altshuler, B. Salzman, A. Tully (Eds.). Images from the Wards: Diagnosis and Treatment. Philadelphia: Elsevier.

Loveless, T.J. Infection Protection. **In** B.J. Ackley, G.B.Ladwig, B.A. Swan, & S. Tucker (Eds.). A clinical guide to evidence based practice in nursing. Philadelphia: Mosby, Inc.

Loveless, T.J. Infection Control. **In** B.J. Ackley, G.B.Ladwig, B.A. Swan, & S. Tucker (Eds.). A clinical guide to evidence based practice in nursing. Philadelphia: Mosby, Inc.

Loveless, T.J. HIV Prevention in the Hospital Setting. **In** B.J. Ackley, G.B.Ladwig, B.A. Swan, & S. Tucker (Eds.). A clinical guide to evidence based practice in nursing. Philadelphia: Mosby, Inc.

Loveless, T. (2005). Kianga: On being a caretaker. In Siloam (Ed.) – a tenth anniversary tribute to Siloam., *Those who have been sent… the healing power of AIDS*, p. 45. Philadelphia: Siloam.

MAJOR SPEECHES AND PRESENTATIONS

May 19, 2012: Thomas Jefferson University – Jefferson Center for Interprofessional Education Annual Conference- Interprofessional Care for the 21st Century: Redefining Education and Practice Conference. *Interprofessional Collaboration for Community Outreach Project to Educate Philadelphia Youth Regarding HIV/AIDS Prevention, Myths, and Truths through Sport.* Jillian Heck, Melissa Warriner, **Thomas Loveless**, Nicole Cobb Moore

March 26, 2012: Thomas Jefferson University - Jefferson School of Nursing – Sigma Theta Tau International- Dhelta Rho Chapter Research Seminar *Qualitative Research and its Applicability with Phenomenon of Marginalized Populations*

November 17, 2010: Thomas Jefferson University – Jefferson School of Nursing – Dhelta Rho Chapter Research Seminar – *Paradox & Metaphor- A Qualitative Researchers View of HIV – One Side of the Story for Management of Chronic HIV Infection.*

October 28, 2010: Thomas Jefferson University – Jefferson School of Physical Therapy - *Management of Diseases of the Immune System – The Pathogenesis of HIV and Recognition of HIV for the Occupational Therapist.*

October 11, 2010: Thomas Jefferson University – Jefferson School of Occupational Therapy - *Management of Diseases of the Immune System – The Pathogenesis of HIV and Recognition of HIV for the Occupational Therapist.*

May 30, 2008: Middle Bucks Institute of Technology: *HIV Awareness for the Beginning Health Care Professional.*

October 20, 2006: GlaxoSmithKline Pharmaceuticals: *Living with HIV – Presented to One Day At A Time, Broad Street, Philadelphia, PA*

October 7, 2006: The School of Body Therapies, Yardley, PA – *HIV and Hepatitis Awareness for the Massage Therapist Student.*

May 4, 2006: GlaxoSmithKline Pharmaceuticals – *Living with HIV and Addictions – Presentation to BEBASHI (Blacks Educating Blacks About Sexual Health Issues), Philadelphia, PA.*

April 22, 2006: United States Department of Labor Women's Bureau – Group-E Mentoring in Nursing Programs. *Career Choices for Males in Nursing, Presented to the Achieving Independence Center, Philadelphia, PA*

February 28, 2006: Roche Pharmaceuticals – *Complications of Antiretroviral Therapy and The Patient on Fuzeon®.*

February 15, 2006: Thomas Jefferson University – *Management of Diseases of the Immune System – HIV Care for the Primary Care Family Nurse Practitioner.*

March 23, 2006: Thomas Jefferson University – *HIV Care in the Acute Care Setting. The Acute Care Adult Nurse Practitioner - Caring for the Patient with Hepatitis C and HIV*

December 16, 2005: GlaxoSmithKline Pharmaceuticals: *Living with HIV – Presented to One Day At A Time, 4016 Lancaster Avenue, Philadelphia, PA*

October 1, 2005: The School of Body Therapies, Yardley, PA – *Massage Therapy for the Client with HIV.*

POSTER & PODIUM PRESENTATIONS

October 2010: Featured Professional Highlight for Nurses- Advance for Nurses – October 20, 2010: Following His Passion – By Leslie Feldman

March 2010: Podium Presentation – 28th Annual Rutgers's Technology Conference, Baltimore, MD. *Katherine Shaffer*- Innovative Use of Clinical Simulation Technology to Enhance Quality of Patient Care Education to Accelerated BSN Nursing Students. Kathryn Shaffer, MSN, RN, CNE: Karen Papastrat, MSN, RN: Marilyn McHugh, MSN, JD, RN; Maria Marinelli RN, CNOR, BSN, RNFA, **Thomas Loveless, MSN, CRNP**

December 2009: 3rd Podium Presentation - Annual Nursing Economics Nurse Faculty – Nurse Executive Summit, Scottsdale Arizona. *Karen Papastrat*: Innovative Use of Clinical Simulation Technology To Enhance Quality of Patient Care Education To Accelerated BSN Nursing Student Kathryn Shaffer, MSN, RN, CNE: Karen Papastrat, MSN, RN: Marilyn McHugh, MSN, JD, RN; Maria Marinelli RN, CNOR, BSN, RNFA, **Thomas Loveless, MSN, CRNP**

December 2009: Nurse Economic Conference December 2009, Chicago, Illinois. Innovative Use of Clinical Simulation Technology To Enhance Quality of Patient Care Education To Accelerated BSN Nursing Student Kathryn Shaffer, MSN, RN, CNE: Karen Papastrat, MSN, RN: Marilyn McHugh, MSN, JD, RN; Maria Marinelli RN, CNOR, BSN, RNFA, **Thomas Loveless, MSN, CRNP**

November 2009: Podium Presentation – Katherine Shaffer- AACN Baccalaureate Conference, Chicago, Ill – Innovative Use of Clinical Simulation Technology to Enhance Quality of Patient Care Education to Accelerated BSN Nursing Students. Kathryn Shaffer, MSN, RN, CNE: Karen Papastrat, MSN, RN: Marilyn McHugh, MSN, JD, RN; Maria Marinelli RN, CNOR, BSN, RNFA, **Thomas Loveless, MSN, CRNP,** Nurse Economic Conference December 2009

June 29, 2008: **Thomas J. Loveless, MSN, CRNP** American Academy of Nurse Practitioners, National Convention, National Harbor, MD. Poster Presentation: Learning the Truth after 25 years of Myths and Mistrust – A Focus Group Exploration of Living with HIV.

November 4, 2007: Sigma Theta Tau The 39th Biennial Convention, Baltimore, MD- An Alternative Clinical Experience: Undergraduate Nursing Students and the Lived Experience of Vulnerable Populations*:* Sharon Wallace, MSN, RN, Karen A. Papastrat, MSN, RN, **Thomas Loveless, MSN, CRNP**, Mary Powell, PhD, ANP, and Sharon Burke, MSN, RN-C

UNIVERSITY SERVICE

Fellow Mentor – *Albert Schweitzer Fellowship* –Doctor of Physical Therapy Student: Creating a Community Service Project in Greater Philadelphia for HIV/AIDS Education – Melissa G. Warriner, SPT

Immediate Past-President –2009-2010 Jefferson School of Health Professions Board of Alumni

President June 2007-2009 – Thomas Jefferson University, Jefferson College of Health Professions, Executive Board of Alumni

Procedures Committee – Thomas Jefferson University Hospital / Jefferson School of Nursing

Evaluations and Outcomes – Jefferson School of Nursing – committee member 2012-2013

Student Affairs Committee - Thomas Jefferson University – Jefferson School of Nursing. Academic Year 2010-2011.

Student Affairs Committee - Thomas Jefferson University – Jefferson School of Nursing. Academic Year 2009-2010.

Student Affairs Committee - Thomas Jefferson University –Jefferson School of Nursing. Academic Year 2008-2009.

Student Affairs Committee - Thomas Jefferson University — Jefferson School of Nursing. Academic Year 2007-2008.

Student Affairs Committee - Thomas Jefferson University – Jefferson College of Health Professions – Jefferson School of Nursing. Academic Year 2006-2007.

Academic Affairs Committee – Thomas Jefferson University, Jefferson College of Health Professions – Academic Year 2005-2006.

Jefferson Center for Inter-professional Education – Steering Committee

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, May 2011 through August 2011.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, January 2010 through May 2010.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, September 2009 through December 2009.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, April 2009 through May 2009.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, September 2008 through December 2008.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, May 2008 through August 2008.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, January 2008 through May 2008.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, September 2007 through December 2007.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, May 2007 through August 2007.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Community Systems Administrator / Master of Science in Nursing Program & Infectious Disease Associates, P.C. Student Preceptor, September 2006 through December 2006.

Clinical Preceptor: Thomas Jefferson University – Jefferson College of Health Professions, Department of Nursing. Adult Nurse Practitioner Program & Infectious Disease Associates, P.C. Clinical Training, September 2005 through December 2005.

APPOINTMENTS

Assistant Professor - Adult Nurse Practitioner, Holy Family University

Coordinator – Adult Nurse Practitioner Program, Jefferson School of Nursing- July 2010.

Dual Appointment: Associate Director of Simulations, Thomas Jefferson University & Director of Simulation and Clinical Skills, Jefferson School of Nursing.

Thomas Jefferson University – University Simulation Steering Committee: The Dorrance H. Hamilton Building

PROFESSIONAL SERVICE

Northeast Support Group, Philadelphia, PA – Founder (2005) - Monthly support group for people infected with and affected by HIV / AIDS.

Academic Student Mentor - The Albert Schweitzer Fellowship®- Greater Philadelphia Schweitzer Fellows- Jefferson School of Population Health of Thomas Jefferson University.

Siloam Ministry's – Spirituality for Wellness in the HIV/AIDS Community. Executive Board Member, Chair (2005-2006) – Resource and Development Committee.

> SILOAM helps men, women and children of all races, creeds, and orientations infected and affected by HIV/AIDS maximize their wellness and sense of being fully alive by offering a continuum of support services that leads to deeper connections to their own self, other people, the natural world, and a power greater than themselves.

PROFESSIONAL SPEAKERS BUREAU

GlaxoSmithKline Pharmaceuticals – 2005 - 2006
Roche Pharmaceuticals – 2005 - 2006

MEMBERSHIP AND PARTICIPATION IN PROFESSIONAL ORGANIZATIONS

Member - Association of Nurses in AIDS Care (ANAC) – Executive Board Member, Philadelphia Chapter- 2013-2015
Member - American Academy of Nurse Practitioners – 2003-2012
Member - Association of Nurses in AIDS Care (ANAC) – 2000-2012
Member - Sigma Theta Tau International Honors Society for Nursing. – Inducted 2002
Member – Infectious Diseases Society of America – 2003
Volunteer - Action AIDS Philadelphia, PA - Registered Nurse – First AID Station, 1998, 1999, 2000, 2002, 2004, 2005, 2006
Class President/Vice President, Helene Fuld School of Nursing 1992 - 1995

Delegate at National Student Nurses' Convention - Helene Fuld School of Nursing
Community Health Chairman, Student Government Association, Helene Fuld School of Nursing - 1993 through 1995.